

**Application for Hospital and Healthcare Organizations
Kidnap, Ransom and Extortion Insurance**

- 1) Name of Applicant: _____

- 2) Main Office Address: _____

- 3) Nature of Business: _____
- 4) Description of services related to children ie. newborn nursery and pediatric services:

- 5) Number of newborn births annual: _____
- 6) Number of pediatric beds: _____
- 7) Is there a day care center? If so, what is the average enrollment? _____
- 8) What security measures have been implemented to protect against child abduction?

- 9) Number of Directors, Officers & Employees: _____
- 10) Yearly Revenue for each of the past three years or enclose financial statements: _____

- 11) Please list the locations of all overseas operations with the approximate number of employees at each location and, if possible, the number of years experience in that location: _____

- 12) Provide details of any staff travel outside of the United States of America. Include the city and country, number of staff traveling, duration and business purpose. (Attach additional pages as necessary.)

- 13) Have there been any incidents which would have given rise to a claim under the policy? Please provide details.

- 14) Limits of Liability requested (please state currency):
- | | | |
|----------------------|-----------------------|---------------------------------|
| a. \$1,000,000 _____ | d. \$10,000,000 _____ | g. other (please specify) _____ |
| b. \$2,000,000 _____ | e. \$20,000,000 _____ | |
| c. \$5,000,000 _____ | f. \$25,000,000 _____ | |

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete.

Signing this form does not bind the Applicant to complete the Insurance but it is agreed that this Form shall be the basis of the contract should a policy be issued.

Signature: _____ Date: _____