

# International Kidnap and Extortion Supplement

## Applicant Information

Named Insured: \_\_\_\_\_

## Wholesale Broker Information

Brokerage Name: Cover Agency, Ltd  
170-14 Union Turnpike  
Fresh Meadows, New York 11366

## Additional Company & Foreign Operations Information

Business or type of Industry: \_\_\_\_\_

Total Worldwide Revenue \$ \_\_\_\_\_ (attach latest annual report, if applicable)

Total # Employees (Worldwide) \_\_\_\_\_

## Overseas Trip Information

Destination (City / Country)	# Trips	# Employees Per Trip	Average Duration Per Trip	Reason for Trip

## Permanent Employees

Total # Stationed / Assigned Outside U.S.:

City / Country	# Employees	# Directors / Officers	Citizenship (U.S. or Other)

## K&E History and Security

Current K&E Insurance  No  Yes If yes, list Insurance Company:

Describe Any Security or Prevention Measures to Protect Employees Listed Above From Incident to Which This Coverage Applies:

Describe Any Previous Kidnap, Extortion or Detention Incidents, Attempts or Threats:

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of  
Insured's  
Representative:

Date:

Signature of  
Producer:

Date: