

Kidnap & Ransom Insurance Application - Universities and Colleges

Name of University or College		
Head Office Address		
Name & Title of University or College Contact Person		
Location of other Offices, Campuses or Operations		
Subsidiaries to be included in plan		
Total Assets	Total Revenues	
Please note the following: If opting to cover <u>Employees Only</u> , please provide number of Employees Only. If opting to cover <u>Employees, Students, Volunteers & Agents</u> , please provide number of Employees, Students, Volunteers & Agents.		
No. of Employees	No. of Students	No. of Volunteers & Agents
Please provide full details of all foreign travel and residency. Please provide names of individuals, areas of travel (i.e. cities and countries), frequency and duration. Please attach a travel schedule if necessary.		
Have there been any kidnaps, attempted kidnaps or threatened kidnaps? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide details:		
Does your University or College have any existing or excess coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide details:		
Limit of Liability Required: (Not to exceed Total Assets or Revenues) <input type="checkbox"/> OPTION 1 - CDN \$1,000,000 <input type="checkbox"/> OPTION 2 - CDN \$2,000,000 <input type="checkbox"/> OPTION 3 - CDN \$3,000,000 <input type="checkbox"/> OPTION 4 - CDN \$5,000,000		POLICY TERM: <input type="checkbox"/> OPTION 1 - One Year Term <input type="checkbox"/> OPTION 2 - Two Year Term <input type="checkbox"/> OPTION 3 - Three Year Term
Broker/Agent/Consultant		
Contact Name and Telephone No.		

DECLARATION

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete. I understand that signing this application does not bind me to complete the insurance but, I do agree that, should a Document of Insurance be concluded, this Application, and the statements made herein, shall form the basis of the Insurance.		
Authorized University or College Signature	Print Name & Title	Date