

Kidnap & Ransom Insurance Plan

Coverage For

Kidnapping • Extortion
Detention • Hijacking

Used By

Individuals

Corporations

Missionary Groups

Financial Institutions

Educational Institutions



690 E. Warner Road, Suite 117

Gilbert, AZ 85296 USA

Phone: 480-813-9100

Fax: 480-813-9930

Email: info@gninsurance.com

Website: www.gninsurance.com



Personal / Family Application

Submit application to info@gninsurance.com, or fax (480) 813-9930

I. Applicant

First _____ Middle _____ Last _____
Date of Birth ____/____/____ Citizenship _____
Email _____ Telephone (____)____-____ Fax (____)____-____
Number & Street _____
City _____ State _____ Zip Code _____
Annual Income US\$ _____ Value of Personal Assets: _____
Business or Occupation: _____ Name of Company: _____
Number & Street _____
City _____ State _____ Zip Code _____

II. Is the Applicant also to be insured? ☐ Yes ☐ No Please list all other persons to be insured.

Name: _____	Date of Birth: _____	City of Residence: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. List details of anticipated travel outside country of residence (please include names, dates, places of travel and reasons)

IV. Please answer the following pertaining to ALL proposed Insureds:

- | | |
|--|--|
| 1. Has there ever been any prior kidnapping, extortion, or detention incident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has there ever been any threat or attempt at a kidnapping, extortion, or detention? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are there any current threats or incidents regarding kidnapping, extortion, or detention? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is there any existing coverage at this time, or within the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are any of the proposed insureds likely kidnapping prospects because of business, outside interests, or other activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes to any of these, please provide details: _____

V. Please indicate the coverage you are seeking:

(Please note that the maximum benefit cannot exceed personal assets)

☐ \$250,000 ☐ \$500,000 ☐ \$750,000 ☐ \$1,000,000 ☐ Other amount: \$ _____

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete and that I have not knowingly withheld any information which may be material to Underwriters in their assessment and acceptance of the risk. Signing this form does not bind the Applicant nor the Underwriters to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy or certificate of insurance be issued.

Applicant Name _____ Signature _____ Date _____

Producer #: **43785 - Good Neighbor Insurance**

K&R 05.01.2009