



KIDNAP AND RANSOM PROTECTION POLICY

1. Name of Insured:

2. Corporate Mailing Address:

3. Nature of Business:

4. Total Assets: INR _____ Annual Revenues: INR _____

5. Total Employees: _____

6. List locations of all resident and no resident employees and the number of employees at each location:

COUNTRY	CITY	TOTAL NUMBER OF LOCAL NATIONALS	TOTAL NUMBER OF EXPATRIATES

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971

Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017

Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106

Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi



7. If coverage is desired for volunteers / independent contractors , list the number by location:

COUNTRY	CITY	TOTAL NUMBER OF VOLUNTEERS	TOTAL NUMBER OF INDEPENDENT CONTRACTORS

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

8. List details of anticipated foreign travel:

COUNTRY	NUMBER OF EMPLOYEES	FREQUENCY

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

9. Security precautions taken for foreign travel:

10. Does the applicant own , lease or charter any ships or vessels?..... yes no



Muskurate Raho

11. Does the applicant have a formal evacuation plan for expatriate employees traveling to or living in high risk countries?..... yes no If

yes ,please attach a copy.

12. Is the applicant interested in learning more about preventative security consulting?..... yes no

13. Details of prior kidnap or extortion threats or attempts:

14. Limits Required:

(a)Ransom	Per Insured Even t: INR _____
(b)Personal Belongings	Per Insured event :INR_____
(c) Transit Loss	Per Insured event : INR_____
(d)Legal liability	Per Insured event :INR_____
(e)Additional expenses	Per Insured event: INR_____
(f) Crisis Response Fees and Expenses	Per Insured event: INR_____
(g)Recall Expenses	Per Insured event: INR_____
(h)Accidental Death and Dismemberment	Per Insured person: INR _____
(i)Annual Aggregate for all Insured losses (except Accidental Death and Dismemberment)	INR_____

(B) Limit of Liability for Additional Covered Event Expenses

(a)Threat Response expenses	Per Threat Event: INR _____
(b)Disappearance Investigation Expenses	Per Disappearance event: INR _____ Annual Aggregate: INR_____

(C) Do you require cover for Loss of earnings Yes No

15. Details of Existing Coverage:

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16. Risk Manager / Director of Security Contact Information:

Name	Title	Email Address

Signatory's Declaration:

To the best of my / our knowledge and belief and after due enquiries, the statements and information contained in , and attached to ,this Application Form are true and no material fact has been with held.

I / we understand a material fact is one likely to influence acceptance or assessment of the risk by the Insurer **(NB: in case of doubt or any changes in the information on this application form between the date of this declaration and the inception date of the policy, please disclose or refer to your insurance broker)**. I / we agree that such statements and information shall form the basis of the insurance contract to be effected.

The person signing this Application Form should be duly authorized to sign on behalf of the Applicant and should make all necessary enquiries of his / her fellow directors , officers and employees to enable the questions to be answered and on who se behalf he/ she signs.



Important notice : False or incomplete information or the omitting of information may lead to a complete, retroactive deprivation of the insurance coverage. Already paid insurance indemnities may be claimed back (violation of duty to disclosure).

Name and Title

Date

Signature

INSURANCE ACT 1938 , SECTION 41 – PROHIBITION OF REBATES

No person shall allow or offer to allow ,either directly or indirectly as an inducement to any person to takeout renew or continue an insurance in respect of any kind of risks relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy ,nor shall any person taking our or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh Rupees

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