



Extortion, Kidnap & Hijacking Insurance

PROPOSAL FORM

Please complete this Application thoroughly and carefully. If there is insufficient space, please provide details on a separate page.

Name of Applicant to be insured under this policy:

Address of Applicant to be insured under this policy:

Annual Sales: K _____

Total Assets: K _____

Total number of employees:

a) In PNG: _____

b) In overseas locations: _____

Limit of Liability requested per Insured Event: K _____

Please list all countries the Applicant, or any of the Applicant's directors, officers or employees or their dependents intend travelling to?

Please list all the countries the Applicant has operations in?

Has the Applicant ever been declined this type of insurance, had this type of insurance cancelled or issued with special conditions imposed? YES / NO

Has there ever been an actual, attempted, or threatened kidnapping, extortion, hijacking, detention (wrongful or otherwise) by the government of any country, against the Applicant or the Applicant's directors, officers, employees or their dependents? YES / NO

Does the Applicant, its directors, officers, or any employees, or other know person have knowledge or information of any specific fact which may reasonably give rise to a claim under the proposed policy?

YES / NO

Is there any matter(s) which are material to the risk to which this application relates, that you should disclose?

YES / NO

Declaration

I declare that I have made all necessary inquiries into the accuracy of the responses given in this Application and confirm that the statements and particulars given in this Application are true and complete and that no material facts have been omitted, misstated or suppressed.

I confirm that I am authorised by the Applicant to complete, sign and submit this application on behalf of the Applicant.

Name: _____

Title: _____

Signature:

Date: _____