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**EXTORTION KIDNAP RANSOM
 COVERAGE QUESTIONNAIRE**
 Corporate New/Renewal

**PLEASE
 ANSWER ALL
 QUESTIONS**

 Name of Company

 Home Office Address

 Name & Title of Company Contact

 Nature of Business

 Location of other Offices, Plants or Operations

 Subsidiaries to be included in plan

_____ No. of Directors	_____ No. of Officers	_____ No. of other Employees
_____ Total Assets		_____ Total Revenues

**PLEASE
 ATTACH
 THE MOST
 CURRENT
 ANNUAL
 REPORT**

Please provide full details of all foreign travel and residency. Please provide names, areas of travel, frequency and duration. Please attach a schedule if necessary.

**LIMIT OF
 LIABILITY
 REQUIRED**

Have there been any kidnaps, attempted kidnaps or threatened kidnaps?	<input type="checkbox"/> no	<input type="checkbox"/> yes/please give details:
Does your Company have any existing or excess coverage?	<input type="checkbox"/> no	<input type="checkbox"/> yes/please give details:
<input type="checkbox"/> CDN	OPTION 1	_____ _____ _____
<input type="checkbox"/> US	OPTION 2	
	OPTION 3	
(Not to exceed total Assets or Revenues)		

**BROKER
 INFORMATION**

 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. Further, that WILLIAM J. SUTTON & CO. LTD. is hereby authorized as the sole representative for placement of this Insurance.

_____ Authorized Company Signature	_____ Print Name & Title	_____ Date
_____ Licenced Resident Agent Signature	_____ Print Name	_____ Date