

**PLEASE  
 ANSWER ALL  
 QUESTIONS**

Proposed Insured Person

Address

Occupation

Please state the name(s) and city of residence of the person(s) to be insured. Please provide details.

Does the person(s) to be insured have existing coverage? <input type="checkbox"/> no	<input type="checkbox"/> yes. Please provide details
Have there been any kidnaps, attempted kidnaps or threatened kidnaps? <input type="checkbox"/> no	<input type="checkbox"/> yes. Please provide details
Does the person(s) to be insured plan to travel outside the country of residence? <input type="checkbox"/> no	<input type="checkbox"/> yes. Please provide names, areas of travel, frequency and duration
Proposed Insured Person's net assets:	Currency: <input type="checkbox"/> US \$ <input type="checkbox"/> CDN \$

**LIMIT OF  
 LIABILITY  
 REQUIRED**

Limits of liability requested (Not to exceed your total assets)	OPTION 1
	OPTION 2

**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.

Signature of Proposed Insured Person	Print Name	Date
Signature of Licensed Resident Agent	Print Name	Date