



# Personal / Family Application

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## 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?  Yes  No
2. Has there ever been any threat or attempt at a kidnapping, extortion, or detention?  Yes  No
3. Are there any current threats or incidents regarding kidnapping, extortion, or detention?  Yes  No
4. Is there any existing coverage at this time, or within the past 12 months?  Yes  No
5. Are any of the proposed insureds likely kidnapping prospects because of business, outside interests, or other activities?  Yes  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 \_\_\_\_\_

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