



**A. NAME OF APPLICANT:** \_\_\_\_\_

**B. KIDNAP/RANSOM & EXTORTION COVERAGE INFORMATION**  
**APPLICANT: Only complete this section if requesting this coverage.**

1. Please complete the following information regarding the foreign travel of the **Applicant's** employees:

Country	Number of trips per year	Average length of stay	Number of employees travelling

2. Describe the **Applicant's** security precautions taken for foreign travel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. EMERGENCY POLITICAL REPATRIATION EXPENSE COVERAGE INFORMATION**  
**APPLICANT: Only complete this section if requesting this coverage.**

1. Describe the procedures the **Applicant** follows to warn and evacuate its employees from foreign locations:

Country	Number of Employees	Security Precautions



**D. WORKPLACE VIOLENCE EXPENSE COVERAGE INFORMATION**  
**APPLICANT: Only complete this section if requesting this coverage.**

1. Does the **Applicant**:

- (a) Have an Employee Assistance Program (EAP)?  Yes  No
- (b) Have a progressive discipline policy?  Yes  No
- (c) Have an employee complaint/grievance resolution procedure?  Yes  No
- (d) Have a customer complaint/grievance resolution procedure?  Yes  No
- (e) Have a written policy on workplace violence that is circulated to all employees?  Yes  No
- (f) Train supervisory and management employees to recognize, report and respond to potentially hostile employees or situations?  Yes  No
- (g) Have a process for performing background checks for potential employees?  Yes  No

If "Yes," please explain: \_\_\_\_\_

2. What security precautions does the **Applicant** have in place to limit access to its premises from hostile or volatile persons? \_\_\_\_\_

**E. LOSS EXPERIENCE:**  
**APPLICANT: This section must be completed for all coverages for which this Application Section 8 is made.**

1. List all workplace violence, kidnap/ransom and extortion losses discovered by the **Applicant** in the past three years that would have been covered under the policy for which this Application is made, itemizing each loss separately: Check if none:

Date of loss(es)	Description of loss	Total amount of loss	Was the loss covered under another insurance policy? If so, please include the insurer's name.