

A KIDNAP & RANSOM INSURANCE PLAN

Coverage For

Kidnapping • Extortion
Detention • Hijacking

Used By

Individuals

Corporations

Missionary Groups

Financial Institutions

Educational Institutions



INSURANCE NEED

Imagine the overwhelming feeling of freedom and sheer joy that would be felt upon the release of a Kidnap victim. Now imagine the terror upon the realization that you are without insurance. Your company or your family had to pay the large ransom, purchase specialized phone equipment, hire security protection, hire a negotiator, and pay many more expenses, all of which were only made possible by liquidating ALL assets. In addition to this overwhelming amount of debt, in order to rejoin society the Kidnap victim may need extensive psychiatric counseling and rehabilitation.

HOW COVERAGE WORKS

Kidnap and Ransom Insurance has been developed to reimburse the policy owner for the expenses incurred with a Kidnapping. A policy owner will apply for coverage to protect themselves against a loss caused by a Kidnapping or an Extortion. The policy owner may apply for benefits up to their personal or corporate net worth. If a claim occurs the policy owner will need to front the money to the Kidnappers and then submit a claim to be reimbursed for the expenses.

One of the most beneficial parts of the plan is the *unlimited expenses* for the Crisis Response Team. The Crisis Response Team has worldwide knowledge about how negotiations should be handled in each specific location. They will provide advice based on their negotiating experience, such as:

- Should the police be contacted/are the police trustworthy.
- How to make the Kidnapper provide Proof of Life.
- Where to set up a meeting.
- How to strategically talk with the Kidnappers.
- How to deliver the ransom.



EXPERIENCE

Petersen International Underwriters has been underwriting Kidnap and Ransom policies for the past 25 years. In house binding authority allows us to place last minute coverage for individuals or corporations that need coverage immediately. Petersen International Underwriters has years of claims experience and is certified in *Homeland Security Preparation and Response Team Level III*.



COVERED EVENTS

Kidnap: The taking of one or more of the insured persons captive by persons who then demand a ransom, specifically from the policy owners assets, as a condition of the release of the insured.

Extortion: Threatening the insured with injury, death, abduction, or causing physical damage to or Loss of property.

Detention: The holding under duress of an insured for whatever reason, other than Kidnap, such as political detention.

Hijack: The illegal holding under duress for a period in excess of six consecutive hours of an insured while traveling on any aircraft, motor vehicle or waterborne vessel.



KEY BENEFITS

Ransom Reimbursement: Underwriters will reimburse the ransom paid for a covered event.

Personal Accident: Lump sum benefit for loss of limb(s), loss of sight, loss of extremity, permanent total disablement or death of the insured, solely and directly as a result of a covered event.

Loss of Ransom During Delivery: The loss in transit of a ransom by confiscation, destruction, disappearance, seizure or theft while it is being conveyed, to those who have demanded it, by a person authorized to do so by the policy owner.

Private Negotiator: Expenses for an independent negotiator engaged by the policy owner with the prior authorization of underwriters.

Public Relations: Expenses of an independent public relations consultant and/or interpreter.

Travel Expenses: Costs of travel and accommodation incurred as recommended by the Crisis Response Team.

Psychiatric Expenses: Expenses for independent psychiatric, medical, and legal advice incurred prior to and within twelve consecutive calendar months of the release of the insured.

Reward Payments: Reward paid by the policy owner to an informant for information which contributes to the resolution of the covered event.

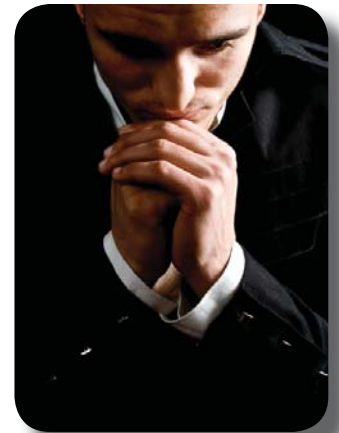


KEY BENEFITS • CONTINUED

Financial Losses: Personal financial loss suffered by an insured person solely as a direct result of the physical inability to attend to personal financial matters while a victim of a Kidnap, Extortion, Detention or Hijack.

Loss of Income: 100% of a Kidnapped, detained or hijacked insured persons gross salary including bonuses, commissions, cost of living adjustments, pension and/or welfare contributions and allowances, which were contractually due at the time the covered event occurs and for 60 consecutive days following the release. Detention benefits will be limited to a period of 36 consecutive calendar months.

Employee Income Protector: The costs incurred by the policy owner for the salaries of employees specifically designated to assist in negotiating on an covered event. These are not to exceed the employee's 100% of salary including bonuses and allowances. It also covers all other reasonable expenses solely and directly incurred in connection with such negotiations, provided that an itemized account of such employee's time, services and expenses is provided.



Asset Protection: Benefits to cover interest on loans raised specifically to meet a Ransom and in respect of amounts reimbursed, provided that the loan is repaid within seven days of the policy owner receiving reimbursement of the same from the policy.

Security Coverage: Expenses for security guards hired solely and directly for the purpose of protecting a insured person located in the country where a covered event has occurred and on the specific recommendation of the Crisis Response Team

Specialized Equipment: Costs of communication equipment, recording equipment and advertising incurred solely as a result of a covered event.

Rehabilitation Benefit: Rest and rehabilitation expenses that occur within six consecutive calendar months following the release of a Kidnap, Detention, and/or Hijack victim and are incurred by the victim, the victim's spouse and/or children.

Funeral Expenses: Cost of repatriation of the body of the Kidnap, Detention, and/or Hijack victim in the event of death during a covered event. Costs of burial/cremation of the Kidnap and/or Detention and/or Hijack victim incurred in the event of death during a covered event.

Child Care: Expenses of child care incurred directly as a result of a Kidnap, Detention, and/or Hijack.



PERSONAL/FAMILY APPLICATION

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 _____

Producer #: _____



CORPORATE APPLICATION

I. General

Business Name: _____
Number & Street _____
City _____ State _____ Zip Code _____
Annual Revenue US\$ _____ Value of Business Assets: _____
Type of Business: _____

II. Please provide the following number of employees in each category:

Total number of Directors:	_____	Number to be Insured:	_____
Total number of Officers:	_____	Number to be Insured:	_____
Total number of other Employees:	_____	Number to be Insured:	_____

III. List ALL persons to be insured or attach a census:

Name: _____	Date of Birth: _____	City of Residence: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. List details of non-USA exposure to employees:

V. Please indicate the coverage you are seeking:

(Please note that the maximum benefit cannot exceed business assets)

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 Other amount: \$ _____

VI. 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: _____

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.

Officer of Firm _____ Signature _____ Date _____
(Print Name)

Producer #: _____