



## CORPORATE PROTECTION APPLICATION FORM

Please provide all requested information, attaching answers on a separate sheet if necessary.

Please return to sender by email, or fax back on +44 20 7375 0972.

To:	Fax/Email:
From:	Contact telephone number:
	Email:
Date:	Pages:

<b>1. Group, organisation or company name to be insured under this policy:</b>	
<b>2. Full address, including country:</b>	
<b>3. Business Activity:</b>	<b>4. Company gross annual revenue:</b>
<b>5. Total number of employees worldwide:</b>	<b>6. Are all employees to be covered?</b>  <div style="text-align: right;">           Yes <input type="checkbox"/>            No <input type="checkbox"/> </div>
<b>7. If the answer to question 6 is no, please state for whom cover is required and where they live/travel to:</b>	



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8. If the answer to question 6 is yes, please list all countries where the company operates with employee headcount in each:

9. Please list countries visited for business purposes:

10. Please list expatriate headcount by country, if applicable:

11. Please state limit (sum insured) required. More than one option can be requested:

1m  5m  10m  20m  30m  Other \_\_\_\_\_ Currency: Euros (€) / USD (\$) / GBP (£)

12. Date that cover should commence:

13. Period of cover required:

14. Do you currently have, or have you at any time had, kidnap insurance?

Yes

No

15. If the answer to question 14 is yes, please provide details:

16. Do you have a crisis management plan?

Yes

No

17. Please answer the following statement:

I confirm that neither the company nor those to be insured have ever suffered a threat or incident of kidnap for ransom, extortion, detention or hijack.

Yes

No

If no, please give full details:



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**18.** Please sign the following declaration:

I have read the above and declare to the best of my knowledge and belief that the statements provided are true and complete and that I have not knowingly withheld any information that is material to insurers in their assessment or acceptance of the risk.

Signed:

Position:

Date: