

Houses of Worship Special Protection Solution Security Risk Management Application

Insured

1. Organization name:

Head office address:

Insured Persons

2. Total number of employees:

Total number of volunteers, mission attendees, students, and chaperones, consultants and contractors to be covered:

Nature of work

3. Nature of work and activities abroad:

Financial information

4. Total revenue or annual budget of your organization:

Total assets (if applicable):

Territory

5. Specify the number of individuals to be insured by country –please provide breakdown of expatriate/third country nationals and local nationals if available. (Continue on a separate sheet if necessary)

Country	Local Nationals	Expatriates/Third Country Nationals

Travel pattern

6. Specify the country and the approximate number of travel days to be spent within in those countries over the next 12 months:

Country	Approximate duration of stay	Number of individuals

7. Do you own, lease or charter any ship or vessel? Yes No

Security Risk Management

8. Do you have a formal Security Department? Yes No

Do you have a formal Crisis Management Plan? Yes No

Are you interested in preventative security consulting? Yes No

If yes to any of the above, please give details : (Continue on a separate sheet if necessary)

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Previous threats or losses 9. Have you or any insured person had any claims and/or experienced threats or incidents that would give rise to a claim under this insurance within the last 5 years Yes No
 If Yes, please give details: (Continue on a separate sheet if necessary)

Previous insurance 10. Have you ever been declined kidnap and ransom insurance, or has any insurer ever cancelled or declined to renew your policy? Yes No
 If Yes, please give full details: (Continue on a separate sheet if necessary)

Amount insured 11. Limit Options:

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Declaration **The undersigned duly authorized representative of the applicant declares to the best of his or her ability that the statements set forth herein are true.**

NOTICE TO APPLICANTS: This application does not bind the Applicant or the Company, but it is agreed that this application will be the basis of the contract, should a policy be issued, and it will be attached to, and made part of the policy. The applicant undertakes to notify the Company immediately if the information supplied on this application changes between the date of this application and the time when the policy is issued.

FRAUD – GENERAL WARNING: Any person who knowingly submits an application for insurance or statement of claim containing any materially false, incomplete, or misleading information for the purpose of defrauding or attempting to defraud an insurance company or other person may be guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits.

Insured's name	Position in company
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Signature	Date
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