

Disclaimer



Insurance can be effective only after the underwriting department receives and reviews your application. The earliest effective date will be the next day after the review.

Underwriting department is open from Monday through Friday, 7 AM to 4 PM, Pacific Time, excluding holidays.

By submitting this paper application, you acknowledge and agree that:

- Back dated applications are not possible.
- Requested effective date is not always guaranteed.
- It does not matter when you send the application by postal mail, fax or scanned copy in email.
- It does not matter when the postal mail, fax or email was received by us, as the underwriting department can consider the effective date only according to when they review the application.
- If there is any dispute between you and the underwriting department about when the effective date should be, the decision of the underwriting department will be final.
- You hold Insubuy and the writing agent (if any) harmless and relieve us from any liability because of this.

If the above terms are not acceptable to you, please do not submit the application.

If you need to purchase the insurance urgently with a specific effective date, please call our office at +1 (866) INSUBUY or the writing agent to confirm, before sending the application.



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 #: _____