



HELP Kidnap and Ransom Application Form

Thank you for your interest in **HELP**, an insurance and risk management programme to provide comprehensive cover for complex operations in hostile environments. Please click the link below to download the Kidnap and Ransom Application Form for the Lloyd's policy coverages offered exclusively in conjunction with **HELP**. This will enable you to access the Lloyd's **HELP** Kidnap and Ransom Policy to protect single or multi contract operations in hostile environments.

Once the **HELP** Policy has been purchased the **HELP** Policy holder will be offered opportunities to access risk mitigation services, emergency response and crisis management services and the **HELP** Thought Leadership Programme. **HELP** Policy holders have access to the following services:

- A risk mitigation service, provided by one of the **HELP** Associates listed on the **HELP** website or a Subject Matter Expert of your choice, as part of your Lloyd's Policy.
- In the event of a crisis, **HELP** policy holders have access to a dedicated 24-hour emergency response and crisis management as part of the services available from the insurer.
- Exclusive access to the confidential Members Area within the **HELP** website providing further advice on accessing expertise risk mitigation, the crisis management services, and engagement with the **HELP** Thought Leadership Program.

Only **HELP** policy holders are eligible for a contribution by Insurers to the cost of the Risk Mitigation Services offered by **HELP** Associates. Once the level of service has been finalised all contractual terms and conditions will be handled directly between the **HELP** policy holder and the **HELP** Associate Member.

Instructions for Insurance Applicant:

Please complete the interactive PDF in as much detail as possible. The completed form should then be submitted to your Insurance Agent or Lloyd's Brokers for submission to underwriters.

If you do not have an Insurance Agent or Lloyd's Broker, or have any questions that you would like to discuss about the policies or related services, please return your completed application form, with your questions to **HELP** at info@hostileinsurance.com

Instructions for Brokers:

Once you have received the **HELP** Application form from your client, or completed the form on their behalf, please submit to the below contacts at Argenta Syndicate Management Limited at Lloyd's.

Amanda Holt - aholt2@travelers.com

With a copy to k&r@travelers.com

The **HELP** website is not acting as an Insurance Agent - all insurance arrangements must be arranged via a FCA regulated Lloyd's Broker. For any inquiries please email info@hostileinsurance.com

Kidnap and Ransom Application Form

1. Name of company _____

Main office address _____

Telephone number _____

Website _____

2. Nature of Business _____

3. Please provide total number of persons to be insured under your policy for each category:

Directors _____ Officers _____ Employees _____

If you also require cover for Contractors/Consultants please provide total number _____

4. Maritime activities

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

If Yes, request the Kidnap & Ransom Maritime proposal form.

5. Assets (last 3 years, if possible) or please enclose latest set of financial statements

6. Do you have any permanent overseas operations? Yes No

If yes, please list the locations of all permanent overseas operations with the approximate number of employees, contractors (if applicable) and expatriate employees at each location. (Use separate sheet if necessary). If operations are in territories mentioned in 7 (below) please provide precise region, city or town.

Locations (Country)	Employee No.	Contractors/Consultants	Expatriate Employees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. To the best of your knowledge has the company, or anyone working for the company, experienced any threats or incidents that are or would be covered by the policy?

Yes No

If yes, please provide details (Use separate sheet if necessary).

9. Limits of Liability requested (please state currency) Currency : _____
1,000,000 2,000,000 5,000,000 10,000,000 20,000,000
30,000,000 Other (please specify) _____

10. Optional Extensions (please see Extensions Guide for further information) Business Interruption

- Cyber Extortion
- Business Interruption
- Product Loss
- Emergency Political Repatriation
- Threat Response
- Mysterious Disappearance Investigation
- Express Kidnap
- Infant Abduction
- Hostage Crisis

Please record the answers to any questions for which you require additional space, noting the appropriate question number.

Using Personal Information

How we treat information about you and your rights under the Data Protection Act 1998
Travelers Syndicate Management Limited, Travelers Insurance Company Limited and Travelers Underwriting Agency Limited may collect certain personal information about policyholders, prospective policyholders, and person connected to policies held by policyholders, or connected to prospective policyholders ('Data Subjects').

Data

In order to provide cover under an insurance policy, to assess or pay a claim we need to collect and process personal information about:

- a) the person or property that we are being asked to insure, and
- b) any third-party claimant, i.e. someone making a claim against our customer.

We may seek additional information depending upon the kind of claim we are being asked to assess or pay.

Some of the information we collect may be 'sensitive personal data', which is information that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Purpose

Personal information or sensitive personal data may be collected and or used in a number of ways including:

- a) considering an application for insurance,
- b) underwriting or binding of an insurance policy,
- c) conducting our relationship with policyholders and persons associated with such policies, including third party claimants,
- d) policy and claims administration,
- e) preventing and detecting fraud, including providing information to the relevant authorities.

Third Parties and Jurisdiction

In the case of policies that have been issued, we may pass information to members of the Travelers group, our reinsurers, professional advisers, loss adjusters or agents if necessary for the performance of the insurance contract or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of information to countries which do not have data protection laws equivalent to those in the European Union in which case we shall ensure that the information is appropriately protected. In particular, medical information may be processed in the United States of America for the purposes of assessing and processing a claim.

Claims Data

Insurance companies share claims data:

- a) to check that claims information matches what was provided when insurance cover was taken out, and
- b) when required, to act as a basis for investigating claims when our recorded information is incorrect or when we suspect that insurance fraud is being attempted.

You should provide us with the correct information if you are making a claim under your own policy or, if you are a third party, a policy held by one of our customers.

Right of access and correction

Data Subjects have a right to access and correct information held about them. To exercise these rights, they should contact our Data Protection Compliance Officer at:

Travelers Exchequer Court 3
3 St Mary Axe
London
EC3A 8AG

By providing personal information you agree that all persons to whom the information relates consent to the processing and transfer of information described in this notice. You also confirm that you have taken all necessary steps to inform them of disclosure of information to us for the purposes described above.

Is there any other material information that may be relevant to this proposal?

Yes No If Yes, please explain on a separate sheet.

I have read the above and declare that to the best of my knowledge and belief the statements are true and complete.

Signature _____

Date _____

Print name _____

Position in practice _____