



**CORPORATE PROTECTION INSURANCE
PERSONAL COVERAGE**

1. Name of Applicant(s):

2. Address of Applicant:

3. Nature of Business Operations:

4. Persons to be covered under this policy:

Name	Age	Relationship to Applicant	Nationality	Country of Residence	Occupation

Please list any others on a separate sheet if required

5. List anticipated foreign travel of each person by specific Country and Duration:

Name	Specific Country	Frequency	Duration

6. Does the Applicant or any person listed in Question 4 have a high profile due to social, political or occupational activities. *If yes, please provide details.*

7. Have there been any threats or incidents which would have given rise to a claim under the policy, *If yes, please give details:*

8. Please state any special security precautions or attach details:

9. Limits of liability requested:



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

Signing this form does not bind the Applicant to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

DATE:

SIGNATURE OF APPLICANT: