



**CORPORATE PROTECTION INSURANCE
CORPORATE COVERAGE**

1. Name of Corporation(s):

2. Head Office / Corporate Address:

3. Nature of Business Operations:

4. Total Revenues (Please provide Annual Report if Available):

5. Total number of Directors, Officers and Employees:

6. Please list the locations of all overseas operations with the approximate number of employees at each location:

Country	Total No. of employees

7. List anticipated foreign travel by specific Country, Duration and Number of Employees:

Specific Country	Frequency	Duration	Total No.

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

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



10. 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: