

**RUSSELL BOND & CO., INC.**  
KIDNAP / RANSOM AND EXTORTION APPLICATION

**KIDNAP/RANSOM AND EXTORTION COVERAGE SECTION**  
(APPLICANTS: Please complete this Section only if requesting this coverage.)

**A. GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_

**B. OPTIONAL COVERAGES REQUESTED**

1. Does the Applicant desire an optional proposal including Emergency Political Repatriation Expense Coverage?  Yes  No

**C. FOREIGN TRAVEL**

Please complete the following information regarding the foreign travel of the Applicant's employees:

| Country | Number of trips/year | Average length of stay | Number of employees traveling |
|---------|----------------------|------------------------|-------------------------------|
|         |                      |                        |                               |
|         |                      |                        |                               |
|         |                      |                        |                               |

1. Describe the Applicant's security precautions taken for foreign travel: \_\_\_\_\_  
\_\_\_\_\_

**D. FOREIGN LOCATIONS**

Please complete the following information regarding the Applicant's foreign locations:

| Country | Number of employees | Number of locations |
|---------|---------------------|---------------------|
|         |                     |                     |
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|         |                     |                     |

1. Describe the **Applicant's** security precautions taken at foreign locations:

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**E. EMERGENCY POLITICAL REPATRIATION EXPENSE COVERAGE INFORMATION**  
(APPLICANTS: Please complete only if requesting this coverage.)

1. Describe the procedures that the **Applicant** follows to warn and evacuate its employees from foreign locations:

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**F. LOSS EXPERIENCE**

1. List all kidnap/ransom or extortion threats discovered by the **Applicant** in the last 3 years which would have been covered under the policy for which this **Application** is made, itemizing each loss separately:  
Check if none:

| Date of loss, threat or event | Description of loss, threat or event | Total amount of loss | Please indicate whether or not the loss was covered under another insurance policy and include the carrier's name |
|-------------------------------|--------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------|
|                               |                                      |                      |                                                                                                                   |
|                               |                                      |                      |                                                                                                                   |