



UNDERWRITTEN IN FEDERAL INSURANCE COMPANY  
VIGILANT INSURANCE COMPANY AND TEXAS PACIFIC INDEMNITY COMPANY

Please answer all of the following inquiries. If the COMPANY agrees to issue a policy, all of the information which the Insured provides will become part of any policy issued to the Insured by Federal Insurance Company or Vigilant Insurance Company or Texas Pacific Indemnity Company. Any misrepresentation, omission, concealment or incorrect statement of a material fact in this APPLICATION will be grounds for rescision.

A. GENERAL INFORMATION

1. a. Name of Insured:

\_\_\_\_\_

b. Address of insured:

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

c. Nature of Business: \_\_\_\_\_

2. With respect to the Insured, please provide the total number of:

	U.S.	Other	Total
a. Directors and Officers:	_____	_____	_____
b. All other Employees:	_____	_____	_____

3. Does the Insured provide formal security training focusing on the risk of extortion directed to:

- a. all Directors and Officers?  YES  NO
- b. all other Employees?  YES  NO
- c. premises and property?  YES  NO

B. REQUESTED COVERAGES

Limit of Liability: \$

Insuring Clauses	Limits
1. Extortion Coverage	\$
2. Delivery Coverage	\$
3. Expense Coverage	\$
4. Legal Liability Coverage	\$

Deductible Amount: \$

### C. LOSS EXPERIENCE

1. Has the Insured at any time during the past six (6) years put its insurance carrier on notice of any potential or actual losses under its Extortion program?

YES  NO

If yes, please provide, on a separate sheet, full details.

2. If the Insured has not had an Extortion Policy at any time during this period, have there been any losses that would have been submitted under an Extortion program if the Applicant had such a policy?

YES  NO  
 NA

---

The undersigned persons declare that to the best of their knowledge the statements set forth above and in any attachments to this APPLICATION are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of the APPLICATION. The undersigned agree that if any significant change in the condition of the Insured is discovered between the date of this APPLICATION and the effective date of the policy which would render this APPLICATION inaccurate or incomplete, notice of such change will be reported in writing to the COMPANY immediately and, if necessary, any outstanding quotation may be modified or withdrawn. The undersigned persons understand and further agree that the completion and signing of this APPLICATION neither binds the COMPANY to sell nor the Insured to purchase the insurance.

Please note: ONLY DULY APPOINTED AGENTS OF THE COMPANY AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR COVERAGE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND COVERAGE. NO COVERAGE SHALL BE PROVIDED UNLESS THE COMPANY ACCEPTS THE APPLICATION AND BINDS THE COVERAGE.

**False Information:**

**Any person who, knowingly and with intent to defraud any insurance company or other person, files an APPLICATION for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.**

**False Information: ( New York Only)**

**Any person, who knowingly and with intent to defraud any insurance company or other person, files an APPLICATION for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**False Information: (Pennsylvania Only)**

**Any person who knowingly and with intent to defraud any insurance company or other person files an APPLICATION for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

Named Insured: \_\_\_\_\_

By \_\_\_\_\_  
Signature of Officer

Date \_\_\_\_\_

A policy cannot be issued unless the APPLICATION is properly signed and dated by an Officer.

NOTE: The APPLICATION and all attachments shall be treated in strictest confidence.