



Special Coverages Application

The protection you need for what matters most

1. NAME OF INSURED:

2. CORPORATE MAILING ADDRESS

3. NATURE OF BUSINESS: _____

4. TOTAL ASSETS: \$ _____

ANNUAL REVENUES: \$ _____

5. OFFICERS: _____ DIRECTORS: _____ TOTAL EMPLOYEES: _____

6. LIST LOCATIONS OF ALL RESIDENT EMPLOYEES AND THE NUMBER OF EMPLOYEES AT EACH:

COUNTRY	CITY	TOTAL # OF EMPLOYEES

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(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

7. LIST DETAILS OF ANTICIPATED FOREIGN TRAVEL:

COUNTRY	NUMBER OF EMPLOYEES	FREQUENCY

(PLEASE ATTACH SEPARATE PAGE IF NECESSARY)

8. LIMITS REQUIRED:



HCC Specialty
37 Radio Circle Drive, Mount Kisco, New York 10549
main 914 241 8900 facsimile 914 241 8098

9. DETAILS OF PRIOR KIDNAP OR EXTORTION THREATS OR ATTEMPTS:

10. DETAILS OF COVERAGE CURRENTLY CARRIED:

Name & Title _____ Date _____

Signature _____

Broker Name & Address _____
