



 MCGOWAN PROGRAM ADMINISTRATORS

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# APPLICATION

20595 LORAIN ROAD, FAIRVIEW PARK, OHIO 44126  
800.545.1538 • [WWW.MCGOWANPROGRAMS.COM](http://WWW.MCGOWANPROGRAMS.COM)

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# MCGOWAN GLOBAL CRISIS PROTECTION & RESPONSE APPLICATION

## COMPANY DETAILS

1. Group, organization or company name to be insured under this policy:
2. Full address, including country:
3. Nature of business / Description of business (in general and at covered locations):
4. Registered nationality of company:
5. Website address:
6. Company gross annual revenue and/or estimated assets:

## RISK DETAILS

7. Are any of the insured persons family members? YES  NO

8. Total number of employees by location:

Country	Number of Expatriate <sup>1</sup> Employees	Number of Local National Employees	Number of Contractors (if cover required)	Number of Sub-Contractors (if cover required)	Total Number of Employees

<sup>1</sup>Expatriate means any person who is not a citizen of the country in which he or she is working

9. Please list all the countries visited for business purposes – and countries visited when vacationing from an overseas country;

Country	Number of Visits Annually or Frequency of Visits	Average Duration	Number of Travelers

### RISK PREPAREDNESS

10. Are there any security precautions and/or crisis management plans and/or evacuation plans in place: YES  NO   
If you answered yes, please provide a copy to us.

11. Details of any in house security team or outsourced consultancy:

### CLAIMS HISTORY

12. To the best of your knowledge, have you or any insured person suffered an incident which might have given rise to a claim under any section or had any illegal threats either directly or indirectly made against you/them in the last five years? YES  NO

13. If you answered yes, please provide details (include brief description, date, location and amount). Continue on a separate sheet, if necessary.

## POLICY DETAILS

14. Do you currently have, or have you at any time had, kidnap insurance? YES  NO
15. Have you ever been declined or accepted under special terms for kidnap and ransom insurance, or has any insurer ever cancelled or declined to renew your policy? YES  NO
16. Date that cover should commence: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
17. Period of cover required: 12 months  36 months  Other  Please Specify \_\_\_\_\_
18. Coverage Required:

Section	Limit
<b>1a. Medical Evacuation</b> (including medical expenses) YES <input type="checkbox"/> NO <input type="checkbox"/> <b>1b. Emergency</b> (non-medical) <b>Repatriation/Evacuation</b>	 
<b>2: Personal Accident</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Include TTD YES <input type="checkbox"/> NO <input type="checkbox"/> Include PTSD YES <input type="checkbox"/> NO <input type="checkbox"/> Consult your broker for further details of sub-limits	 
<b>3. Corporate Protection</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Coverage Extensions: Loss of Earnings YES <input type="checkbox"/> NO <input type="checkbox"/> Loss of Earnings (computer virus) YES <input type="checkbox"/> NO <input type="checkbox"/> Child Abduction YES <input type="checkbox"/> NO <input type="checkbox"/> Hostage Crisis YES <input type="checkbox"/> NO <input type="checkbox"/> Products Extortion YES <input type="checkbox"/> NO <input type="checkbox"/> Express Kidnap YES <input type="checkbox"/> NO <input type="checkbox"/> Threat Response YES <input type="checkbox"/> NO <input type="checkbox"/> Disappearance YES <input type="checkbox"/> NO <input type="checkbox"/>	 

## DATA PROTECTION ACT 1998

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and handling of any claims which may arise under it, Underwriters may need to transfer certain information which you have provided to other parties. By signing this proposal you agree that such transfer(s) may be made.

## DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact you should consult your broker).

I understand that the signing of this proposal does not bind me to complete or underwriters to accept this insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis and be incorporated into the contract.

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

You should keep a record (including copies of any letters) of all information supplied for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform your broker of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your broker.

## ADDITIONAL INFORMATION, INCLUDING HIGH RISK TRAVEL/PERMANENT OPERATIONS ADDENDUM

If there is any additional information or if you travel to or have permanent operations in any high risk countries (if you are unsure what these are please contact your broker) we will require further information including but not limited to:

- Exact destination, frequency and duration of visit
- Reason for travel
- Type of accommodation
- Security precautions taken

Notes: