



HCC Specialty

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



Special Coverages Application

1. Name and Date of Birth

2. Address and telephone number

3. Nature of Business _____

4. Family net worth

- | | |
|---|---|
| <input type="checkbox"/> US \$1,000,000 - \$2,500,000 | <input type="checkbox"/> US \$25,000,001 - \$35,000,000 |
| <input type="checkbox"/> US \$2,500,001 - \$5,000,000 | <input type="checkbox"/> US \$35,000,001 - \$50,000,000 |
| <input type="checkbox"/> US \$5,000,001 - \$7,500,000 | <input type="checkbox"/> US \$50,000,001 - \$100,000,000 |
| <input type="checkbox"/> US \$7,500,001 - \$10,000,000 | <input type="checkbox"/> US \$100,000,001 - \$500,000,000 |
| <input type="checkbox"/> US \$10,000,001 - \$15,000,000 | <input type="checkbox"/> US \$500,000,001 - \$1,000,000,000 |
| <input type="checkbox"/> US \$15,000,001 - \$25,000,000 | <input type="checkbox"/> + US \$1,000,000,001 |

5. Other persons to be included in the coverage

Name	Age	Occupation	City & Country of residence	Relationship with Insured

(FOR ADDITIONAL FAMILY MEMBER PLEASE ATTACH LIST)

6. Provide detailed foreign travel – include frequency, countries visited and number of persons traveling at one time

7. List security precautions in place

8. Limits requested

9. If applicable, provide details of prior kidnap or extortion threats or attempts

10. If applicable, please provide details of coverage currently in place

11. If applicable, please provide details of increased visibility of applicant

THE UNDERSIGNED, ON BEHALF OF THE APPLICANT AND ALL INSUREDS, DECLARES TO THE BEST OF THEIR KNOWLEDGE THAT ALL THE STATEMENTS AND ANSWERS SET FORTH HEREIN ARE TRUE AND ACCURATE AND THAT NO INFORMATION HAS BEEN WITHHELD. THE UNDERSIGNED FURTHER AGREES, ON BEHALF OF THE APPLICANT AND ALL INSUREDS, THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE THE APPLICATION IS EXECUTED AND THE TIME THE PROPOSED INSURANCE POLICY IS BOUND OR COVERAGE COMMENCES, THE INSURED SHALL IMMEDIATELY NOTIFY THE INSURER IN WRITING OF SUCH CHANGES, AND THE INSURER MAY MODIFY OR WITHDRAW ITS PROPOSAL AND/OR AGREEMENTS TO BIND THE INSURANCE.

Name _____ **Date** _____

Signature _____