ASM CORPORATE PROTECTION

SCHEDULE **Certificate Reference:**

1. **Assured:** As shown on file …….. advised to and agreed by Insurers

2. Period of Insurance:

   From:
   To:

   Both days inclusive and for such further period or periods as may be mutually agreed upon

3. **Covered Persons:** As shown on file …….. advised to and agreed by Insurers

4. Territory:

5. **Premium:**

6. Limits of Liability:

(i)	**Ransom**:		per **insured event**
(ii)	**Ransom** in transit:		per **insured event**
(iii)	Control Risks Group or other independent security consultants fees and expenses:	Unlimited	per **insured event**
(iv)	Additional expenses:		per **insured event**
(v)	Legal Costs		per **insured event**
(vi)	**Personal Accident**:		
	Capital sum insured:		per **Covered Person** per **insured event**
	Benefits per **Covered Person**		Percentage of capital sum insured
	Death		100%
	Loss of limb		100%
	Loss of sight		100%
	Permanent total disablement		100%
	Loss of extremity		50%

IF AN INSURED EVENT OCCURS OR IS BELIEVED TO HAVE OCCURRED THE CONTROL RISKS GROUP SHOULD BE CONTACTED ON THE FOLLOWING TELEPHONE NUMBER:

24 Hour Emergency Number: (44) 7050 000 100

(*From* USA and Canada): 0888 863 2865

(please ask for the Response Operations Manager)