

E-MAIL/FAX

CORPORATE PROTECTION QUOTATION



ASSET SECURITY MANAGERS LTD
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To:	E-MAIL/FAX:
FROM:	E-MAIL/FAX:
DATE:	NUMBER OF PAGES:

1 GROUP, ORGANISATION OR COMPANY NAME:	
2 HEAD OFFICE ADDRESS:	
COUNTRY:	TELEPHONE NO:
3 BUSINESS ACTIVITY:	4 TOTAL SALES:
5 LEVEL OF COVER REQUIRED: (DIFFERENT OPTIONS AVAILABLE)	
A. PER INSURED EVENT – US\$	
B. PER INSURED EVENT – US\$	
C. PER INSURED EVENT – US\$	
6 NUMBER OF DIRECTORS, OFFICERS AND EMPLOYEES:	
7 LIST OF OVERSEAS OPERATIONS WITH NUMBER OF EMPLOYEES AT EACH:	

8 DETAILS OF EMPLOYEES ANTICIPATED TRAVEL PATTERN:	
9 DO YOU CURRENTLY HAVE OR HAVE YOU AT ANY TIME HAD KIDNAP INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10 HAVE THERE BEEN ANY THREATS OR KIDNAPS IN THE PAST? <small>(IF YES PLEASE PROVIDE FULL DETAILS)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
11 DO YOU HAVE A CRISIS MANAGEMENT PLAN? <small>(IF YES WHEN WAS IT LAST UPDATED)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
12 ARE YOU INTERESTED IN RECEIVING DETAILS ON PROPERTY TERRORISM OR POLITICAL RISK INSURANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DECLARATION: I have read the above and declare to the best of my knowledge and belief that the statements above are true and complete and that I have not knowingly withheld any information which is material to Insurers in their acceptance or assessment of the risk.

SIGNED:	POSITION:
NAME: (PRINT)	DATE:

Please attach answers on a separate sheet if necessary