



IRONSHORE SPECIALTY INSURANCE COMPANY

Mailing Address:
75 Federal Street
5th Floor
Boston, MA 02110
Toll Free: (877) IRON411

KIDNAP, RANSOM & EXTORTION POLICY DECLARATIONS

Policy Number:

New/Renewal of:

Insured and Address:

Policy Period:

From: _____

To: _____

12:01 A.M. at the Insured's Address

Covered Persons: All Directors, Officers and Employees of the Insured

Territory :

Limits of Liability:

- 1. **Ransom** \$ _____ per **Insured Event**
 - 2. **Ransom In-Transit** \$ _____ per **Insured Event**
 - 3. **Crisis Management Consultant Fees and Expenses** \$ _____ per **Insured Event**
 - 4. **Additional Expenses** \$ _____ per **Insured Event**
 - Rest & Rehabilitation Sublimit** \$ _____ per **Insured Event**
 - 5. **Legal Liability** \$ _____ per **Insured Event**
 - 6. **Personal Accident** \$ _____ per **Covered Person**, subject to the following **Indemnity**

Death	100%
Loss of Limb	100%
Loss of Sight	100%
Permanent Total Disablement	100%
Loss of Extremity	50%
- \$ _____ Aggregate limit for all **Covered Persons**, per **Insured Event**

Policy Premium:
State Surcharge/Tax:
Total Amount Due:

Forms and Endorsements attached at issuance:

Crisis Management Consultants: Hazelwood Street Consultants LLC

24 Hour Emergency Response Contact: Telephone - (786) 472 2707 or email - guidance@hazelwoodstreet.com

Our Address - send all notices to:

Ironshore Specialty Insurance Company
c/o Ironshore Insurance Services, LLC
One State Street Plaza, 7th Floor
New York, NY 10004

Broker Name And Address:

These Declarations, the signed and completed Application and the Policy with any endorsements will constitute the contract between the Insured and Ironshore Specialty Insurance Company, and this Policy is not valid unless signed below by a duly authorized representative of the Ironshore Specialty Insurance Company.

Date:

Authorized Representative