

Applicant Information

Insured:	Brokerage:
Address:	Address:
Website:	Contact:
Contact:	Phone:
Phone:	Email:
Email:	
Desired Effective Date:	Request Quote Date:

General Information

Description of Business Operations:

Countries of Travel or Operations:

Past loss history (5 years):

Any discontinued or sold foreign operations, bankruptcies or policies canceled or non-renewed in past 5 years? Yes No
If yes, please explain: _____ Date: _____

Foreign General Liability

Standard \$1,000,000 Per Occurrence
Please contact your underwriter if higher limits are desired

Total Estimated Foreign Sales/Revenue: \$	Total Estimated Foreign Contract Cost: \$
Total Estimated Domestic Sales/Revenue: \$	# of Leased/Owned Foreign Premises: \$

List and describe any physical operation overseas such as sales offices, manufacturing facilities, distribution centers, warehouses, etc. (including country):

Employers Responsibility: (Foreign Voluntary Compensation, Executive Assistance Services, and Contingent Employers Liability)

Contingent Employers Liability: Standard \$1,000,000 Limit

Maximum # of employees flying on same flight: _____

Any flight on non-commercial aircraft (charter, corporate, helicopter)? Yes No
If Yes, explain: _____

Trip Travel Information

# Trips	Total # of Employees per Trip	List Countries of Travel	Type of Employee (USN, TCN, or LN)	Job Function (Sales, Technicians, etc.)	Average Duration of Trip(s)	If USN, list State of Hire; If TCN or LN, list Country of Origin

Permanent Employee Information					
Country	Job Function (Sales, Mfg, etc.)	Type (TCN, LN, Expat)	Annual Payroll	# of Employees	If USN, list State of Hire; If TCN or LN, list Country of Origin

Foreign Business Auto Coverage

Standard \$1,000,000 Limit Per Accident

of **Foreign** Rentals: _____ # of **Foreign** Owned Autos: _____

of **Foreign** Non-Owned Autos: _____

Provide a Description of Owned Autos if Other than Private Passenger type: _____

Foreign Accidental Death & Dismemberment and Medical Expense Coverage

\$50,000 AD&D Automatic Limit Provided

\$100,000 AD&D \$250,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense

Is coverage desired for Accompanying Spouses? Yes No

\$50,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense

of Spouse(s) _____ # of Trips _____

Is coverage desired for Accompanying Children? Yes No

\$25,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense

of Child(ren) _____ # of Trips _____

Kidnap and Extortion Coverage

\$250,000 Automatic Limit Provided (with High Hazard Country Exclusions)
Please contact your underwriter if higher limits are desired

Property Coverage

Limit: _____ **Coverage Type: (schedule locations required SOV)** _____

Please contact your underwriter if higher limits are desired

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Applicant's Representative: _____ Title: _____

_____ Date: _____