

Foreign Package Application

Applicant Information Broker Information

Named Insured: <input style="width: 90%;" type="text"/> Address of Insured: <input style="width: 90%;" type="text"/> Desired Effective & Expiration Dates: <input style="width: 50%;" type="text"/> Requested Quote Date: <input style="width: 50%;" type="text"/> Business Website: <input style="width: 90%;" type="text"/>	Brokerage Name: <input style="width: 90%;" type="text"/> Address of Brokerage: <input style="width: 90%;" type="text"/> Contact Name: <input style="width: 90%;" type="text"/> Phone#: <input style="width: 20%;" type="text"/> Fax#: <input style="width: 20%;" type="text"/> Email Address: <input style="width: 90%;" type="text"/>
---	--

General Applicant Information

Description of Business Operations *(Please include details of products, activities, etc.):*

SIC Code *(if known):*

Total Estimated **Domestic** (USA) Sales/Revenue:

Total Estimated **Foreign** Sales/Revenue:

Past loss history *(describe insured & uninsured foreign losses including losses from local foreign policies that occurred during past 5 years):*

Any policy cancelled or non-renewed during past 3 yrs? If yes, please explain:

International Insurance History *(3 years, Past Carriers, Premium, etc.):*

Casualty Application:

Describe all trips and travelers *(list each trip separately, provide additional pages or spreadsheet if needed)*

Trips	Country/Region of Destination	Travel Duration	Type of Employee (TCN, LN, US Nat, Expat)	Occupation	State of Hire (US Nat only)/Country of Hire (TCN only)	Total # of Employees per Trip
1.						
2.						
3.						
4.						

Are Products Sold Overseas? If yes, please list countries and describe:

List any physical operation overseas such as sales offices, manufacturing plants, warehouses, etc. and describe:

Foreign General Liability: \$1,000,000 OCC \$2,000,000 OCC Other:

Additional Selected Coverages

Employee Benefits Liability Foreign Suits Only

Additional Insured *(Describe type):* Product Exclusion

Other *(Describe):*

Domestic Products Rate:

Any Discontinued or Sold Foreign Operations? No Yes If yes, explain:

Foreign Voluntary Worker's Compensation:

What is maximum number of employees flying on same flight?

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

What is maximum number of employees working at the same location or staying at the same hotel?

Foreign Based Employee Details:

Country	Job Class (Sales, Mfg, etc.)	Type (TCN, LN, Expat)	Annual Payroll

Do you want coverage limited to Employer's Responsibility (*Contingent WC*) only? Yes No

Domestic WC Experience Mod:

Foreign Travel, Accident & Sickness: Includes Assist Services

\$10,000/\$100,000 AD&D \$20,000/200,000 AD&D \$50,000/500,000 AD&D other:

Is coverage desired for Accompanying Spouses?	<input type="checkbox"/> No <input type="checkbox"/> Yes	#:	<input type="text"/>
Is coverage desired for Accompanying Children?	<input type="checkbox"/> No <input type="checkbox"/> Yes	#:	<input type="text"/>
Is coverage desired for local nationals?	<input type="checkbox"/> No <input type="checkbox"/> Yes	#:	<input type="text"/>
Is coverage desired for others?	<input type="checkbox"/> No <input type="checkbox"/> Yes	#:	<input type="text"/>

Foreign Business Auto Coverage (Excess/DIC only): \$1,000,000 \$2,000,000

Select: Non-owned & Hired

Number of **Foreign** Rentals: Location(s) of Rentals: Length of Rental:

Owned Private Passenger Type

Number of Vehicles: Location of Vehicles:

Owned Other than Private Passenger Type

Number of Vehicles: Location of Vehicles:

Schedule of Owned Vehicles (*Make, Model, year, Vin*):
(attach spreadsheet if necessary)

Physical Damage Coverage Value per Vehicle:

Comprehensive Deductibles \$500 \$1,000 Other

Collision Deductibles \$500 \$1,000 Other

Foreign Kidnap, Ransom & Extortion Coverage: \$1,000,000 Other:

Total Worldwide Assets: \$

Total Number of Worldwide Employees:

Please describe any travel to hazardous countries and security procedures:

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Signature:	<input type="text"/>	Date:	<input type="text"/>
-------------------	----------------------	--------------	----------------------