

## Foreign General Liability & Casualty Insurance Application

Applicant Information	Broker Information
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Named Insured: <input style="width: 90%;" type="text"/>	Brokerage Name: <input style="width: 90%;" type="text"/>
Address: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	Address: <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
Desired Effective & Expiration Dates: <input style="width: 40%;" type="text"/>	Contact Name: <input style="width: 90%;" type="text"/>
Requested Quote Date: <input style="width: 40%;" type="text"/>	Phone: <input style="width: 20%;" type="text"/> Fax: <input style="width: 20%;" type="text"/>
Business Website: <input style="width: 90%;" type="text"/>	E-mail Address: <input style="width: 90%;" type="text"/>

Description of Business Operations  
(Include details of products, activities, etc.):

SIC Code (If known):

Total Estimated **Domestic** (U.S.) Sales/Revenue:

Total Estimated **Foreign** Sales/Revenue:

Past Loss History  
(Describe insured/uninsured foreign losses including losses from local foreign policies that occurred during the past 5 years):

Any policy cancelled or non-renewed during the past 3 years?  Yes  No If yes, explain:

International Insurance History  
(Past carriers, premium, etc. for the past 3 years):

Description of Security and Safety Procedures:

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

Trips	Country of Destination	Number of Trips	Total # of Employees per Trip	Travel Duration	Type of Employee (TCN, LN, USN)	Occupation	State of Hire (USN Only)	Country of Origin (TCN Only)	Employee Classification (W2, 1099, Volunteer)
1.									
2.									
3.									
4.									

Are Products Sold Overseas?  Yes  No If yes, list countries and describe:

Describe any physical operations overseas such as sales offices, manufacturing plants, warehouses, etc.:

<input type="checkbox"/> <b>Foreign General Liability</b>	<input type="checkbox"/> \$1,000,000 OCC	<input type="checkbox"/> \$2,000,000 OCC	<input type="checkbox"/> Other: <input style="width: 50px;" type="text"/>
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Additional Selected Coverages:

<input type="checkbox"/> Employee Benefits Liability	<input type="checkbox"/> Foreign Suits Only	<input type="checkbox"/> Additional Insured (Describe): <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Product Exclusion	<input type="checkbox"/> Other (Describe): <input style="width: 400px;" type="text"/>	

Domestic Products Rate:

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

**Foreign Travel, Accident & Sickness (Includes Travel Assistance 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?    Yes    No   #:   
 Is coverage desired for accompanying children?    Yes    No   #:   
 Is coverage desired for Local Nationals traveling outside of their own country?    Yes    No   #:   
 Is coverage desired for other types of people? If yes, describe:     Yes    No   #:

**Foreign Voluntary Worker's Compensation**

What is the maximum number of employees flying on same flight?   
 Any flights on non-commercial aircraft (*charter, corporate, helicopter*)?    Yes    No   If yes, explain:   
 What is the maximum number of employees working at the same location or staying at the same hotel?

Foreign Based Employee Details:

Country	Occupation (Sales, Mfg, etc.)	Annual Payroll	Type of Employee (TCN, LCN, USN)	Employee Classification* (W2, 1099, Volunteer)

\*1099 employees cannot be covered under FVWC / EL.   Domestic WC Experience Mod:   
 Do you want coverage limited to Contingent Workers' Compensation (WC) only?    Yes    No

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

Select:    Non-Owned & Hired   Number of **Foreign** Rentals:    Maximum Length of Rental:   
 Owned Private Passenger Type   Number of Vehicles:   
 Owned Other than Private Passenger Type   Number of Vehicles:   
 Physical Damage Coverage    Collision   Deductibles    \$500    \$1,000    Other:   
 Comprehensive   Deductibles    \$500    \$1,000    Other:

Schedule of Owned Vehicles (Make, Model, Year, Vin, Value, Location) (*Attach spreadsheet if necessary*)

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

Total Worldwide Assets: \$    Total Number of Worldwide Employees:

**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:    Date: