

Foreign Package Application

I. APPLICANT OVERVIEW

Named Insured: _____	Brokerage Name: _____
Address of Insured: _____	Address of Brokerage: _____
Desired Effective and Expiration Dates: _____	Contact Name: _____
Requested Quote Date: _____	Phone: _____ Fax: _____
Business Website: _____	Email Address: _____

II. GENERAL APPLICATION 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.): _____

III. CASUALTY APPLICATION

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

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

Are products sold overseas? Yes No If yes, please list 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): _____
 Other (Describe): _____

Domestic Products Rate: _____

Any Discontinued or Sold Foreign Operation: No Yes If yes, please explain: _____

Foreign Voluntary Workers' Compensation

What is the maximum number of employees flying on the same flight?

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

Foreign Based Employee Details:

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

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? No Yes #: _____
 Is coverage desired for Accompanying Children? No Yes #: _____
 Is coverage desired for locale nationals? No Yes #: _____
 Is coverage desired for others? No Yes #: _____

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

Select:

Non-owned & Hired

Number of **Foreign** Rentals: _____ Location 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 **\$100,000** **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: _____

Date: _____