
Global Application

General Information

Named Insured: _____ Effective Date: _____
Mailing Address: _____ Website: _____
Business of Insured: _____ Years in Business/SIC: _____

Broker/Agency Information

Broker/Agency Name: _____ Producer Contact Name: _____
Mailing Address: _____ Producer E-mail: _____
Phone: _____ Fax: _____

Type of Business

Individual Corporation
Partnership Joint Venture Not for Profit
Subchapter S Limited Liability Other: _____

Description of Foreign Operations:

Loss history for past 5 years plus description of all unreported losses or incidents that might become a claim:

Current International Package Carrier:

Check Coverages Desired and Complete Section Below for Selected Coverages

International General Liability International Property
International Business Auto International Kidnap and Ransom/Extortion
Employee Foreign Protection (Voluntary Comp, EL, BTA)

Global Application

International General Liability

Limits Desired:

General Aggregate Limit:	Products-Completed Ops Aggregate:
Personal and Advertising Injury Limit:	Damage to Premises Rented to You Limit:
Each Occurrence Limit:	Medical Expense Limit:

Foreign Annual Gross Sales:	Foreign Contract Cost:
Number of Leased or Rented Foreign Premises:	Type of Foreign Premises:
Number of Foreign Trips (Note: 1 trip with 2 people = 2 trips):	Current Domestic Carrier and Domestic Products Rate:

International Business Auto (Excess DIC/DIL)

Limits Desired:

Liability Limit:	Medical Expense Limit:
Physical Damage Limit - Hired Autos:	Physical Damage Limit - Owned Autos:
Number of Rental Autos:	Comprehensive Deductible:
Number and Type of Owned/Leased Autos:	Collision Deductible:

Attach Schedule of Owned Autos showing locations.

Employee Foreign Protection (EL, Voluntary WC, and Business Travel Accident)

Limits Desired:

Employers Liability Limit:	AD&D Limit (per person):
Emergency Medical Expense Limit:	Emergency Medical Repatriation Limit:
Repatriation of Remains Limit:	Emergency Political Repatriation Limit: (\$2,500 is Max)

Global Application

Indicate Trip and Payroll Information Below (repeat as necessary or attach spreadsheet)

Number of Trips calculated as number of employees X trips (2 people taking 5 trips each = 10 trips)

Number of Trips	Trip Purpose	Destination	Duration (average days)

Number and Payroll of Employees Abroad (complete separate line for each classification)

Occupation/Classification	Type of Employee (Expat, TCN, LN)	Total Payroll	Country	Total Number of Employees

Maximum number of employees on any one flight or ground conveyance: _____

International Kidnap and Ransom/Extortion

World Wide Revenues: _____ _____	World Wide Employee Count: _____
Desired Limits: \$100,000 or \$1,000,000	Any travel to hazardous countries? If yes, describe security. _____

International Property

Select Limits and Coverages for each Location. Repeat as necessary or attach spreadsheet.

Address (Street, City, Country, Postal Code): _____

_____ Location # _____

Building Limit:	Business Personal Property Limit:
Personal Property of Others Limit:	Fine Arts Limit:

Global Application

Business Income Limit:	Extra Expense Limit:
Deductible - Real and Personal Property:	Deductible - Business Income:

Additional Optional Perils

Wind Sublimit:	Wind Deductible:
EQ Sublimit:	EQ Deductible:
Flood Sublimit:	Flood Deductible:

Construction of Building:
Occupancy (Office, manufacturing, warehouse, other - describe):
Protection at Location (Sprinklers, alarms, public water, distance to hydrants, type of fire fighting etc.):
Exposures (Other tenants, distance to other buildings, other hazards, etc.):

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 another 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 _____