



New Renewal



Foreign Commercial Package General and Casualty Insurance Application

Application Information	Broker Information
First Named Insured:	Brokerage Name:
Address of Insured:	Address of Brokerage:
Desired Effective Date:	Producer Name:
Requested Quote Date:	Producer License Number:
Business Website:	Phone #:
	Email Address:

Application Information
Description of Business Operations (Please include details of products, activities, etc.):
Past loss history (describe losses outside the US, Canada and Puerto Rico during past 5 years):
Any international policy cancelled or non-renewed during past 3 years? If so please explain:
Current International Insurance Carrier, if any?
Expiring International Premium?



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Foreign General Liability: \$1,000,000 Occurrence Other:

Total Estimated Foreign Sales/Revenues:

Premise Type	Premise Count	Country(ies)
Office		
Warehouse		
Manufacturing/Plant		
Other		

Do employees perform any manual labor/installation/repair work on 3rd party premises? No Yes (If yes, please describe):

Any Discontinued or Sold Foreign Operations No Yes (If yes, please explain):

Check here if you would like optional quotations for:

Cyber Liability \$1,000,000 Occurrence Other:

Cyber Liability Endorsement Supplemental Questions

1) Total estimated global sales/revenues (including United States sales/revenues) \$

2) Please provide details on any cyber (network security/privacy liability) insurance purchased in the last 12 months:

Carrier	Expiration Date	Limits	Retention/Deductible
		\$	\$

3) During the past 5 years, has the applicant experienced any occurrences, claims or losses related to a failure of security of the applicant's computer system or has anyone filed suit or made a claim against the applicant with regard to invasion or interference with the rights of privacy, wrongful disclosure of confidential information or does the applicant have knowledge of a situation or circumstances which might otherwise result in a claim against the applicant with regard to issues related to the cyber liability endorsement? Yes No If 'Yes', please attach complete details.

It is agreed that with respect to question 3 above, that if such claim, proceeding, action, knowledge, information or involvement exists, then such claim, proceeding or action and any claim or action arising from such claim, proceeding, action, knowledge, information or involvement is excluded from the proposed coverage.

Pollution Legal Liability (will require completion of supplemental application)



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Foreign Auto Liability: \$1,000,000 Occurrence Other:

Auto Type	Auto Count	Country(ies)
Rental/Non-Owned		
Owned/Leased		

Foreign Voluntary Compensation / Employers Liability: \$1,000,000 Occurrence Other:

Trip Information (Employees on business travel abroad)

Describe all US/Canadian Employee trips and travelers (list each trip separately, provide additional pages of spreadsheets if needed)

A	Country of Destination	Number of Trips*	Duration	State or Province of Hire	Activities - Trip Purpose

Describe all non US/Canadian employee whose country of work is outside the US/Canada

B	Country of Destination	Number of Trips*	Duration	Country of Hire	Activities - Trip Purpose
	US				
	Canada				
	Rest of World				

*The formula for calculating the #of ratable trips is number of employees x number of trips. For example, 3 employees making 8 trips each (whether solo or in groups) = 24 trips

Do any employees work on permanent or long-term assignment abroad? Yes No If yes, please complete below:

C	Employee Classification	Country of Assignment	Payroll	Job Description (e.g. mechanic, sales, attorney, etc.)
	U.S./Canadian Expatriate			
	Third Country National*			
	Local National**			

*For example, a French employee hired to work on long-term assignments in Japan

**For example, a French employee hired to work in France



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Any flight on non-commercial aircraft (charter, corporate, helicopter)? No Yes If yes, please complete below:		
Do any employees work on permanent or long-term assignment abroad? No Yes If yes, please complete below:		
Travel, Accident & Sickness:	\$10,000 Medical Expense / \$100,000 AD&D	Other:
Complete parts A and B under Foreign Voluntary Compensation / Employers Liability		
Foreign Kidnap, Ransom, & Extortion Coverage:	\$250,000 Each Insured Event	\$1,000,000 Each Insured Event
Other:		
Complete parts A under Foreign Voluntary Compensation / Employers Liability		
Global Assets/Revenue (incl. Domestic):		
Worldwide Employee Count:		

Signature:		Date:	
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NOTICE TO APPLICANTS: This application is for the purpose of obtaining a quotation and does not bind the applicant or the insurer 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. 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 insurer of the changes and the company reserves the right to modify or withdraw any offer for insurance. All written statements, materials or documents furnished to the insurer in conjunction with this application, regardless of whether such documents are attached to the policy, are hereby incorporated by reference into this application and made a part hereof, including without limitation any supplemental applications or questionnaires.

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.