



## **Form Application for International Package**

# **Application for International Package**

Producer:

Contact:

Telephone:

Fax:

Address line 1:

Street:

City, State:

Zip Code:

Address line 2:

Street:

City, State:

Zip Code:

**Insured's Name** (as it would appear on  
the policy):

**Insured's Address line 1:**

Street:

City, State:

Zip Code:

**Insured's Address line 2:**

Street:

City, State:

Zip Code:

Desired effective date:

**Foreign General Liability**

Limits:

\$1M occ./\$1M agg.

\$1M occ./\$2M agg.

Please describe products/services or other overseas activities of the client.

Identify class of business (Send brochures).

a. Total domestic sales (US \$).

b. Domestic General Liability rate.

c. Total foreign sales/revenues prior year (US \$).

d. Estimated foreign sales/revenues coming year (US \$).

Destination of products/services or other overseas activities.

Please describe any losses sustained within the last five years.

**Foreign Auto Liability:**

Limits:

\$1M BI/PD

Number of permanent owned autos:

Estimated # of autos rented overseas  
annually:

**Foreign Voluntary Workers  
Compensation/Employers  
Liability/Repatriation**

Limits:

State of Hire Benefits

\$1M EL

\$50K per person Repatriation

Estimated # of U.S./Canadian  
employees or 3rd Country Nationals  
employees traveling abroad.

To which countries are they traveling?

Job description of traveling employees  
(i.e. salesmen, exec.).

Estimated Number and average  
duration of trips overseas.

Number of U.S./Canadian citizens  
employed **full-time** overseas.

Job Descriptions:

Payroll:

Number of Foreign Nationals employed  
**full-time** by country:

Job Descriptions:

Payroll:

**Foreign Commercial Property**  
**\*/ Premises Liability:**

Type of Property:  
Office

If "Other", selected, please describe  
here

Location(s) of Property / Premises  
Insured (include complete address):

Location 1 Address line 1:  
Street:

City, State:

Zip Code:

Location 1 Address line 2:

Street:

City, State:

Zip Code:

Estimated property value of Building:

Estimated property value of Contents:

Estimated property value of Bus.

Income:

Construction:

Occupancy:

Protection (Fire & Theft):

Surrounding Exposures:

Location 2 Address line 1:

Street:

City, State:

Zip Code:

Location 2 Address line 2:

Street:

City, State:

Zip Code:

Estimated property value of Building:

Estimated property value of Contents:

Estimated property value of Bus.  
Income:

Construction:

Occupancy:

Protection: (Fire & Theft):

Surrounding Exposures:

Please describe any property losses  
sustained within the last five years.

**Ocean Marine Cargo:**

*Cargo values in this section are equal to the amount of invoice, including charges, plus ocean freight plus 10% unless otherwise noted:*

Cargo Values insured for last 12 months:

Via Ocean (Under Deck):

Via Air:

Estimated Cargo Values to be shipped during policy period (Annually):

Via Ocean (Under Deck):

Via Air:

Limit of cargo insurance any one place, any one time by any one vessel:

Via Ocean (Under Deck):

Via Air:

Briefly describe the number and nature of losses:



Please describe overseas packing and use of intermodal containers:

Please specify any charter arrangements, contractual waivers or reductions in carrier liability: on deck shipments pursuant to an On Deck Bill of Lading; or other potential recovery reducing agreements:

Please specify anticipated shipment values per country:

NUMBER	COUNTR	Y OF	VIA	VIA AIR
	DESTINA		OCEAN	

**TION**

1

2

3

4

5

**Please attach schedule if applicant exports to more than 5 countries.**

no file selected

**Corporate Kidnap and Ransom/Extortion**

*(Includes U.S. and Foreign incidents)*

**Limits:** \$1,000,000 per occurrence

Persons for whom insurance is desired; please provide a complete employee census:

NUMBER	RESIDENT COUNTRY	NAME	TITLE
1			
2			
3			

**Please attach separate schedule if necessary or if blanket coverage indicate number of employees to be covered:**

no file selected

Extent of travel outside resident country(ies) by the person(s) in question above:

NUMBER	NAME AND/OR TITLE	DESTINATION	FREQUENCY OF TRAVEL	DURATION OF TRAVEL
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1

2

3

**Please attach separate schedule if necessary.**

no file selected

Has there ever been a kidnapping or an attempted kidnapping, a hijacking or an attempted hijacking, or any extortion demand(s) (i.e. threat to reveal a trade secret) of any of the Applicant's directors, officers, employees or their dependents? If yes, please give full particulars:

## **Foreign Travel Accident and Health:**

### Accidental Death & Dismemberment

Limits:       \$50,000 per person  
                  \$100,000 per person  
                  \$250,000 per person

### Accident and Sickness Medical Expenses

Limits:       \$10,000  
                  \$25,000  
                  \$50,000  
                  \$100,000  
                  \$125,000

### Emergency Medical Evacuation

Limits:  
\$100,000  
per  
occurrence

### Repatriation of Remains

Limits:  
\$25,000 per

occurrence  
American  
International  
Assistance  
Services: 24  
hour  
traveler  
assistance  
hotline

Number of US employees that travel  
overseas annually:

Estimated Number of trips abroad  
annually:

Average duration of trips abroad:

Covered Employees Schedule:

NAME	SPOUSE	NUMBER OF
		DEPENDENT
		CHILDREN
		(18 YRS. &
		UNDER)

Please attach a separate schedule if  
necessary or for blanket coverage  
indicate class of covered employees

(i.e. "all salesmen who travel abroad";  
all executives who travel abroad.)  
no file selected

**Foreign Comprehensive  
Dishonesty, Disappearance,  
Destruction**

Limit Options  
\$25,000 per occurrence, \$50,000

aggregate

OTHER

If "Other":

Are the books audited by an  
independent CPA? If so, by whom and  
how often?

If not, describe the limitations:

Are these audits made for each entity to be covered? If not, please explain:

If an independent CPA is not used, who is responsible for auditing the books?

Briefly explain the scope and limitations of such audit:

Does the audit include all locations?

Yes

No

If not, please explain:

**Inventory Control, do the employees  
who reconcile the monthly bank  
statements also:**

- a) sign the checks?      Yes  
   No
- b) handle the deposits?      Yes  
   No
- c) have access to check signing  
    machines or signature plates?  
   Yes  
   No

**Important Note:**

***It is inadvisable for the reconciliation  
to be done by an employee who also  
signs checks, handles deposits or  
who has access to check signing  
machines or signature plates  
because under such circumstances  
losses may be concealed. If the  
answer to any question in this  
section is yes, will you correct this  
weakness?      Yes***

**Computer Control**

Are programmers and operators rotated  
periodically to minimize the possibility of  
machines being used improperly?



Yes

No

Are computerized check writing operations segregated from departments that authorize checks?

Yes

No

**Securities**

State the value of negotiable securities owned or held abroad:

Where are the securities kept?

**Precious Metals**

Is there an exposure of precious metals or stones? Yes

No

Classification of employees:

"A" = All Officers;  
"B" = All employees that handle, have custody, or maintain records, securities or other property?;  
"C" = All other employees

	NUMBER OF "A"	NUMBER OF "B"	NUMBER OF "C"
HEADQUARTERS	EMPLOYEES	EMPLOYEES	EMPLOYEES

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**Political Risk:**

**(Coverage for acts of seizure of covered property by a foreign government or acts of embargo by the U.S. Government)**

Please estimate the maximum exposure (values) expected in each country over the next twelve months for the three perils below.

COUNTRY	EXPROPRIATION OF INVENTORY & EQUIPMENT	EXPROPRIATION OF EQUITY	EMBARGO
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Please select Limits of Liability as follows:

**(\$25,000, \$50,000, \$100,000, \$250,000, \$500,000)**

Expropriation of Inventory and

Equipment (\$ per occurrence):  
\$25,000

Expropriation of Equity (\$ per  
occurrence): \$25,000

Embargo (\$ per occurrence):  
\$25,000

Country Aggregate Limits (must be  
equal to or as large as largest of per  
occurrence limits)

Expropriation of Inventory and  
Equipment (\$ per occurrence):  
\$25,000

Expropriation of Equity (\$ per  
occurrence): \$25,000

Embargo (\$ per occurrence):  
\$25,000

Policy Aggregate Limit (choose as  
above, or \$1,000,000) \$25,000

Have there ever been any material  
disputes between the applicant and the  
government of any country in which the  
applicant has Covered Property? If so,  
please indicate the number of disputes  
and describe each, using additional  
pages if necessary:

For equity investments, please list the  
countries and briefly describe the

operation(s) of the foreign enterprise:

**The undersigned applicant declares that to the best of his knowledge the statements set forth in this questionnaire are true and 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. Signing of this questionnaire does not bind the undersigned to complete the insurance, but it is agreed that this form shall be the basis of insurance should a policy be issued, and this form will be attached to and form a part of the policy.**

**Notice to New York applicants: Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance containing false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

Signed for Applicant Company:

Title:

Date:

Producer Name/Contact:

Title:

Date:

## Contact Us

Your Name (required)

Your Email (required)

Subject

Your Message

operation(s) of the foreign enterprise:

**The undersigned applicant declares that to the best of his knowledge the statements set forth in this questionnaire are true and 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. Signing of this questionnaire does not bind the undersigned to complete the insurance, but it is agreed that this form shall be the basis of insurance should a policy be issued, and this form will be attached to and form a part of the policy.**

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