

# International Application Property Supplement

## Applicant Information

## Wholesale Broker Information

Named Insured: \_\_\_\_\_

Brokerage Name: Cover Agency, Ltd  
170-14 Union Turnpike  
Fresh Meadows, New York 11366

### Coverages Requested (check all that apply)

Building      Personal Property      Boiler and Machinery      Business Income / Extra Expense

### Deductible(s) Requested:

\$1,000       \$2,500       \$5,000       \$10,000       \$25,000

### Perils:

All Risk       All Risk (including Flood and Earthquake)

### Sublimits

Earthquake: \$ \_\_\_\_\_      Windstorm: \$ \_\_\_\_\_      Flood: \$ \_\_\_\_\_

### Salesperson's Samples

Description of Salesperson's Samples: \_\_\_\_\_

Salesperson's Samples Limit: \$ \_\_\_\_\_

### Transit

Description of Goods: \_\_\_\_\_  
\_\_\_\_\_

Limit Requested: \$ \_\_\_\_\_      Destination of Shipments: \_\_\_\_\_

Estimated Annual # of Shipments: \_\_\_\_\_      Annual Value of Shipments: \$ \_\_\_\_\_

### Property On Exhibition

Description of Goods on Exhibition: \_\_\_\_\_  
\_\_\_\_\_

Exhibition Limit: \$ \_\_\_\_\_      # of Annual Exhibitions: \_\_\_\_\_

### Cargo

Description of Goods Shipped: \_\_\_\_\_  
\_\_\_\_\_

Countries: \_\_\_\_\_

Limits Requested: \$ \_\_\_\_\_      Estimated Annual # of Shipments: \_\_\_\_\_

Annual Value of Shipments: \$ \_\_\_\_\_      Certificates Required:  No  Yes

**LOCATION INFORMATION** (Complete for each location to be insured or amend any spreadsheet submitted separately to include all information)

**Complete Location Address**

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Country, Postal Code: \_\_\_\_\_

**Insurable Values**

Building: \$ \_\_\_\_\_ Machinery and Equipment: \$ \_\_\_\_\_

Merchandise: \$ \_\_\_\_\_ Stock: \$ \_\_\_\_\_

Other Property: \$ \_\_\_\_\_ Boiler & Machinery Sublimit: \$ \_\_\_\_\_

Business Income Including Extra Expense (annual values only): \$ \_\_\_\_\_

Country Tax ID: \_\_\_\_\_

Description of other Property: \_\_\_\_\_  
\_\_\_\_\_

**COPE**

**Construction**

Year Built: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Type of Roof : \_\_\_\_\_

**Occupancy**

Office Occupancy:  No  Yes # Stories: \_\_\_\_\_ Basement:  No  Yes

Building Square footage: \_\_\_\_\_  Owned  Leased

Warehouse Occupancy:  No  Yes

If yes,  Sole-occupant  Multi-tenants If Multi-tenants, List Other Occupants: \_\_\_\_\_  
\_\_\_\_\_

Manufacturing Occupancy:  No  Yes If yes, Describe Manufacturing Process: \_\_\_\_\_  
\_\_\_\_\_

**Protection**

Is the building Sprinklered?  No  Yes Distance to the closest Fire Hydrant: \_\_\_\_\_ Distance to the Closest Fire Station: \_\_\_\_\_

Other Protection Devices (Fire alarm, burglar alarms, guards): \_\_\_\_\_

**External Exposure**

Nearest Occupants that surround building: \_\_\_\_\_ Building Distance from nearest body of water: \_\_\_\_\_

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_

Date: \_\_\_\_\_