

International Insurance Package Application

Applicant Information

Named Insured: _____
Address: _____
Contact Name: _____
Email Address: _____
Business Website: _____
Desired Effective & Expiration Dates: _____ - _____
Requested Quote Date: _____

Wholesale Broker Information

Brokerage Name: Cover Agency, Ltd
Address: Fresh Meadows, NY 11366
Contact Name: International Applications Dept.
Phone#: (718) 591-2400 Fax#: (718) 380-7151
Email Address: application@coveragency.biz
Have you been appointed with Cover? Yes No

General Information

Description of Business Operations
(Include product descriptions and details of foreign activities, etc.): _____

SIC Code (if known): _____

Past loss history (describe insured & uninsured foreign losses including losses from local foreign policies that occurred during past 5 years): _____

Any Discontinued or Sold Foreign Operations: No Yes

If yes, explain: _____

Any bankruptcies in last 5 years: No Yes

If yes, explain: _____

Any policy cancelled or non-renewed during past 3 yrs: No Yes

If yes, explain: _____

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

Total Estimated Foreign Sales / Revenue: _____

Total Estimated Foreign Contract Cost: _____

Total Estimated Domestic Sales / Revenue: _____

of Leased /Owned Foreign Premises: _____

Domestic GL Carrier: _____

International Carrier: _____

Domestic Products Rate: _____

International Premium: _____

List and describe any physical operation overseas such as sales offices, manufacturing facilities, distribution centers, warehouses, etc (including country): _____

Foreign Business Auto Coverage (Excess/DIC only): Standard \$1,000,000 limit per accident Other:

of Foreign Rentals: _____

of Foreign Owned Autos: _____

of Foreign Non-Owned Autos: _____

- Provide a Description of owned autos if other than Private Passenger type: _____

Employers Responsibility: (Foreign Voluntary Compensation, Executive Assistance Services, and Contingent Employers Liability)

Contingent Employers Liability: Standard \$1,000,000 limit Other: _____

Maximum # of employees flying on same flight: _____

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

Maximum # of employees working at the same location: _____

Maximum # of employees staying at the same hotel: _____

Trip Travel Information:

# Trips	Total # of Employees per Trip	List Countries of Travel	Type of Employee (USN, TCN, or LN)	Job Function (Sales, Technicians, etc)	Average Duration of Trip(s)	If USN, list State of Hire; If TCN or LN, List Country of Origin

Permanent Employee Information:

Country	Job Function (Sales, Mfg, etc.)	Type (TCN, LN, Expat)	Annual Payroll	# of Employees	If USN, list State of Hire; If TCN or LN, list Country of Origin

Domestic Workers Compensation Experience Modifier: _____

Foreign Accidental Death & Dismemberment and Medical Expense Coverage
- \$50,000 AD&D automatic limit provided _____

\$100,000 AD&D \$250,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense

Is coverage desired for Accompanying Spouses? No Yes \$50,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense # of Spouse(s): _____ # Trips: _____

Is coverage desired for Accompanying Children? No Yes \$25,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense # of Child(ren): _____ # Trips: _____

*For educational institutions: if foreign AD&D / Medical Expense coverage for students & chaperones is desired, a separate supplemental application is required.

Kidnap and Extortion Coverage
- \$250,000 automatic limit provided – with high hazard country exclusions

*For higher limits and worldwide coverage territory, a separate Kidnap/Extortion Supplemental Application is required.

Additional Applications

- If Foreign Commercial Property Coverage is desired a supplemental application is required.
- Product Liability Supplement.
- Employee Dishonesty, Money & Securities Supplements.
- Supplemental applications can be downloaded from _____

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: _____ Sub of Producer: _____
Date: _____ Date: _____