

# International Application War Hazard Supplement

**Applicant Information**

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

**Wholesale Broker Information**

Brokerage Name: Cover Agency, Ltd  
 179-14 Union Turnpike  
 Fresh Meadows, New York 11366

**Trip Information**

Estimated Annual # Trips/Flights Taken by U.S. Nationals and Third Country Nationals: \_\_\_\_\_

Average # U.S. Nationals and Third Country Nationals on Any One Flight: \_\_\_\_\_

Single Largest # U.S. Nationals and Third Country Nationals on Any One flight: \_\_\_\_\_

Are Trips Primarily to Countries in Which Insured Has Existing Operations?  Yes  No

If No, Describe Purpose / Destination of Trips: \_\_\_\_\_  
 \_\_\_\_\_

**War Hazard Loss History**

In the Past 5 years, Has Insured Incurred War Losses?  Yes  No (If yes, describe below or submit as separate attachment)

Policy Year	Incident	Location	Total Losses Incurred	Total Losses Paid	Total Losses Reserved
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**Employee Information**

**Estimated U.S. Nationals (USNs):** List Below Headcount and Payroll by Country and Location

Country	City/Location	#USN	USN Payroll	State(s) of Hire
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

**Estimated Third Country Nationals (TCNs):** List Below Headcount and Payroll by Country and Location

Country	City/Location	TCN	TCN Payroll	Country of Origin
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

**Security Information** (Check here  to indicate you are providing the required information as a separate attachment.)

Describe Security Plans in Place in Insured's Overseas Operations to Ensure Employee Safety: \_\_\_\_\_  
\_\_\_\_\_

Is a Formal Evacuation Plan in Place?  Yes  No If yes, Describe: \_\_\_\_\_  
\_\_\_\_\_

Is a Formal Evacuation in Place in Each Country of Operation?  Yes  No  
-If No, List the Countries Where a Formal Evacuation Plan is in Place: \_\_\_\_\_  
\_\_\_\_\_

Does Insured Have Formal Contract with Professional Security Assistance Provider?  Yes  No  
*Including security staff, as well as global or country/region travel advisories, security alerts and reports and guidelines for evacuation.*

If Yes, List Provider(s): \_\_\_\_\_  
\_\_\_\_\_

Does Insured Have Local Militia, Armed Forces or Similar Protection at Employee Job Sites and/or at Employee Housing Locations?  Yes  No

If Yes, Describe: \_\_\_\_\_  
\_\_\_\_\_

Is Transportation Provided to Employee Work/Job sites?  
*List the countries where this transportation is provided ; estimate maximum # of U.S. Nationals and Third Country Nationals using this transportation and describe the type of conveyance(s) used (train, bus, car, plane, etc.).*  Yes  No

If Yes, Describe: \_\_\_\_\_  
\_\_\_\_\_

Is Housing Provided to U.S. Nationals and Third Country Nationals?  
*List the countries where housing is provided; by country describe the location and type of housing and estimate maximum # of U.S. Nationals and Third Country Nationals housed at any one location.*  Yes  No

If Yes, Describe: \_\_\_\_\_  
\_\_\_\_\_

Estimate Maximum # U.S. Nationals and Third Country Nationals at Any One Employee Work/Job Site.  
*Including plant, office, rig, vessel, job site; including at change of shift when a higher overlap concentration can occur.* \_\_\_\_\_

**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:** \_\_\_\_\_