



# INTERNATIONAL APPLICATION

## Section 1 GENERAL INFORMATION

Name of Insured: \_\_\_\_\_

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

**Designated Contact (Risk Manager, etc)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

A.	Insurance Brokerage Firm Name and Address: _____
B.	Insurance Brokerage Firm Contact: _____
C.	Effective Date: _____
D.	Website Address: _____
E.	Description of Operations: _____
F.	Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other
G.	Does Insured have any foreign affiliates, divisions or subsidiaries not being insured under this program? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i> _____
H.	Current Domestic Carrier and Premium: _____
I.	Current International Carrier and Premium: _____
J.	Any losses outside the U.S. within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe or provide loss runs:</i> _____
M.	Has locally admitted coverage been purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please advise Insurer, Country, Coverage and Limits Information:</i> _____

**REQUESTED COVERAGES** - Indicate with an  in the appropriate area the desired coverage and limit.

	Coverage	YES	NO
A.	International Property	<input type="checkbox"/>	<input type="checkbox"/>
B.	Global General Liability	<input type="checkbox"/>	<input type="checkbox"/>
C.	International Contingent Auto	<input type="checkbox"/>	<input type="checkbox"/>
D.	Global Personnel Protection with Assistance	<input type="checkbox"/>	<input type="checkbox"/>
E.	International Accidental Death & Dismemberment (AD&D)	<input type="checkbox"/>	<input type="checkbox"/>
F.	Global Kidnap Ransom Expense	<input type="checkbox"/>	<input type="checkbox"/>



Section 2 INTERNATIONAL PROPERTY

Table with 5 columns: Coverage, Limit, Coinsurance, Valuation, Deductible. Rows include Property on Exhibition, Property in Transit, Sales Representative Samples, Property at Unscheduled Location, and Business Income at Unscheduled Location.

Section 2a INTERNATIONAL PROPERTY

Location Address: \_\_\_\_\_

Table with 5 columns: Coverage, Limit, Coinsurance, Valuation, Deductible. Rows include Building, Personal Property, Stock, Computers, Business Income, Earthquake, and Flood.

Table with 3 columns: Construction, Occupancy, Private Protection. Includes checkboxes for building types and protection services like sprinklers and fire alarms.

Table with 1 column: Public Protection. Includes checkboxes for fire department response times and private fire brigades.

Please complete a separate sheet for additional locations.



Section 3 GLOBAL GENERAL LIABILITY

Coverage		Limit
A.	General Aggregate Limit	\$ _____
B.	Products - Completed Operations Aggregate Limit	\$ _____
C.	Each Occurrence Limit	\$ _____
D.	Personal and Advertising Injury Limit	\$ _____
E.	Damage to Premises Rented to You Limit	\$ _____
F.	Medical Expense Limit	\$ _____
G.	Description of Overseas Activities: _____ _____	
H.	Countries Exported To: _____ _____	
I.	Foreign Sales:	\$ _____
J.	GL Class Code:	_____

Section 4 INTERNATIONAL CONTINGENT AUTO

This is a contingent coverage and may not be offered in satisfaction of insurance requirements of any motor vehicle law in any jurisdiction.

Coverage		Limit
A.	Liability Limit	\$ _____
B.	Medical Payments Limit	\$ _____
C.	Hired Car Physical Damage Limit	\$ _____
D.	Hired Car Physical Damage Deductible	\$ _____
E.	# of Foreign Owned Autos:	_____
F.	Countries Where Owned Autos are Located: _____ _____	
G.	# of Foreign Rental Days:	_____
H.	Countries Where Autos are Rented: _____ _____	



Section 5 GLOBAL PERSONNEL PROTECTION w/ ASSISTANCE

This coverage is not a replacement of mandatory workers compensation or employers liability coverage in any jurisdiction.

Note: 1 Trip = 1 Person Traveling up to 1 week.

A. Total # of Overseas Trips:
B. How many are to Mexico?
C. How many are to Central and South America?
D. How many are to the Middle East?
E. How many are to Africa?
F. Average Length of Trips:
G. Any trips longer than 60 days?

Coverage
A. Bodily Injury by Accident / Each Accident
B. Bodily Injury by Disease / Policy Limit
C. Bodily Injury by Disease / Each Employee

Table with 4 columns: Country, Job Description, # of Employees, Payroll

Section 6 INTERNATIONAL AD&D

Coverage
A. AD&D – Principal Sum
B. AD&D – Annual Aggregate Limit
C. Medical Expense – Each Person Limit
D. Medical Expense – Annual Aggregate Limit



Section 7 GLOBAL KIDNAP RANSOM EXPENSE

Coverage					
A.	Kidnap Ransom Expense Limit	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> Other: _____

Section 8 ADDITIONAL INFORMATION

General (Please explain all "Yes" answers.)		YES	NO
1.	Any other insurance being submitted to W R Berkley?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Any additional insureds / entities to be covered?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Any formal written safety program in operation?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Any exposure to flammables, explosives, radioactive materials, chemicals or other environmental hazards?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Any policy or coverage declined, canceled or non-renewed during the prior 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
International General Liability (Please explain all "Yes" answers.)		YES	NO
6.	Does applicant install, service or demonstrate products?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Any guarantees, warranties, hold harmless agreements provided?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Any products manufactured, sold or distributed related to the aircraft, space, maritime or automotive industries?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Any products recalled, discontinued or changed?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Any products of others sold or re-packaged under the applicant's label?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Any products manufactured, sold, distributed under the label of others?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Any divisions or companies been sold or purchased for which you retain liability?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does applicant own, operate or lease aircraft and/or watercraft?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is applicant engaged in any work for or have any contracts with the U.S. or other sovereign governments?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Is applicant engaged in any other type of business?	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Voluntary Workers Compensation and Employers Liability (Please explain all "Yes" answers.)		YES	NO
16.	Is there any volunteer or donated labor?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Do you have any off-shore work?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Do you have any Defense Base Act Contracts?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Do you have any Maritime operations?	<input type="checkbox"/>	<input type="checkbox"/>

FOR THE PURPOSES OF THIS APPLICATION, THE AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) AND ENTITY(TIES) PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE AND SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

Signature: _____	Date: _____
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