



valley forge insurance brokerage

Global Package Application

General Information

Named Insured:	Effective Date:
Mailing Address:	Website:
Business of Insured:	Years in Business/SIC:
Domestic Sales/Revenues:	

Broker/Agency Information

Broker/Agency Name:	Producer Contact Name:
Mailing Address:	Producer Email:
Phone:	Fax:

Type of Business

Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Subchapter S <input type="checkbox"/>	Not for Profit <input type="checkbox"/>
Corporation <input type="checkbox"/>	Joint Venture <input type="checkbox"/>	Limited Liability Corporation <input type="checkbox"/>	Other: <input type="text"/>

Description of Foreign Operations:

Loss history for past 5 years plus description of all unreported losses or incidents that might become a claim:

Current International Package Carrier and premium:
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Check Coverages Desired and Complete Section Below for Selected Coverages

International General Liability <input type="checkbox"/>	International Business Auto <input type="checkbox"/>	Employee Foreign Protection (Voluntary Comp, EL, BTA) <input type="checkbox"/>
International Kidnap and Ransom/Extortion <input type="checkbox"/>	International Property <input type="checkbox"/>	



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International General Liability

Limits Desired:

General Aggregate Limit:	Products-Completed Ops Aggregate:	Each Occurrence Limit:
Personal and Advertising Injury Limit:	Damage to Premises Rented to You Limit:	Medical Expense Limit:

Foreign Annual Gross Sales/Revenues:	Foreign Contract Cost:
Number and location of Foreign Premises:	Type of Foreign Premises:
Number of Foreign Trips (Note: 1 trip with 2 people = 2 trips):	Current Domestic Carrier and Domestic Products Rate:

International Business Auto (Excess DIC/DIL)

Limits Desired:

Liability Limit:	Medical Expense Limit:
Physical Damage Limit - Hired Autos:	Physical Damage Limit - Owned Autos:

Number of Rental Autos:	Comprehensive Deductible:
Number and Type of Owned/Leased Autos:	Collision Deductible:

Attach Schedule of Owned Autos showing locations.

Employee Foreign Protection (EL, Voluntary WC, and Business Travel Accident)

Limits Desired:

Employers Liability Limit:	AD&D Limit (per person):
Emergency Medical Expense Limit:	Emergency Medical Repatriation Limit:
Repatriation of Remains Limit:	Emergency Political Repatriation Limit: (\$2,500 is Max)



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Indicate Trip and Payroll Information Below (repeat as necessary or attach spreadsheet)
Number of Trips calculated as number of employees X trips (2 people taking 5 trips each = 10 trips)

Table with 4 columns: Number of Trips, Trip Purpose, Destination, Duration (average days)

Number and Payroll of Employees Abroad (complete separate line for each classification)

Table with 5 columns: Occupation/Classification, Type of Employee (Expat, TCN, LN), Total Payroll, Country, Total Number of Employees

Maximum number of employees on any one flight or ground conveyance: _____

International Kidnap and Ransom/Extortion

Table with 2 columns: Financial information (Revenues, Assets, Limits) and Security information (Employee Count, Hazardous Countries)

International Property

Select Limits and Coverages for each Location. Repeat as necessary or attach spreadsheet.

Table with 2 columns: Location #, Address (Street, City, Country, Postal Code)

Table with 2 columns: Building Limit, Business Personal Property Limit



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Personal Property of Others Limit:	Fine Arts Limit:
EDP Equipment and Media Limit:	Other:

Business Income Limit:	Extra Expense Limit:
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Deductible - Real and Personal Property:	Deductible - Business Income:
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Additional Optional Perils

Wind Sublimit:	Wind Deductible:
EQ Sublimit:	EQ Deductible:
Flood Sublimit:	Flood Deductible:

Construction of Building:
Occupancy (Office, manufacturing, warehouse, other - describe):
Protection at Location (Sprinklers, alarms, public water, distance to hydrants, type of fire fighting etc.):
Exposures (Other tenants, distance to other buildings, other hazards, etc.):

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that 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. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Signature:	Date:
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