



valley forge insurance brokerage

INTERNATIONAL INSURANCE APPLICATION

SECTION I - APPLICANT'S INFORMATION

Insured: Agency:
Address: Address:
City: State: Zip: City: State: Zip:
Website: www. Contact:
Contact: Phone:
Phone: Email:
Email: Request Quote Date:
Desired Effective Date:

SECTION II - GENERAL INFORMATION

- 1. Description of business operations:
2. SIC Code:
3. Countries of Operations:
4. Total Worldwide Revenue: \$ Total Worldwide Employee Count:
5. Past loss history:

Table with 6 columns: Loss History, 20, 20, 20, 20, 20. Each cell contains a dollar sign.

- 6. Any discontinued or sold foreign operations, bankruptcies, or policies cancelled or non-renewed in the past 5 years? Yes No
If yes, please explain:

- 7. Current carrier for requested coverage:
Current Premium: \$

COMMERCIAL GENERAL LIABILITY

- 1. Limit: \$1,000,000 per Occurrence Other: \$
2. Total Foreign Sales, Revenue or Contract Cost: \$
3. Number of owned/ leased foreign locations:
Please provide description:

CONTINGENT AUTO LIABILITY (Including Hired Auto Physical Damage)

- 1. Limit: \$1,000,000 per Occurrence Other: \$
2. Number of Foreign Rentals: Number of Foreign Owned Autos:
3. Number of Foreign Non-Owned Autos:

FOREIGN VOLUNTARY WORKERS' COMPENSATION
(Includes \$1,000,000 Emergency Assistance Limit and Contingent Employers Liability)

1. EL Limit: \$1,000,000 per Occurrence Other: \$
2. Number of total trips outside of the United States (30 days or less):
3. What is the maximum number of employees expected to fly on the same flight?
4. Are there any foreign based employees? Yes No
5. If yes,
 - a. Please provide a job description:

 - b. Annual payroll: \$

ACCIDENT & HEALTH

1. Accidental Death & Dismemberment:
 \$50,000 (automatically included) \$100,000 \$250,000
2. Medical expense: \$10,000 \$25,000

KIDNAP & EXTORTION

1. Limit:
 \$250,000 (automatically included) \$500,000 \$1,000,000 Other: \$
2. Describe any previous kidnap, extortion or detention incidents, attempts or threats:

3. Describe security guidelines or prevention measures, manuals or training:

PROPERTY

1. Limit: \$ Coverage Type: (scheduled locations required SOV)

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.

 Signed Title

Date