|  |
| --- |
| Chubb Commercial Insurance Multinational Casualty Application |
|  |
| Foreign Package Policy |

# **Applicant Information**

|  |
| --- |
| Named Insured |
|       |
| Address |
|       |
| Contact Name  |
|       |
| Email Address  |
|       |
| Business Website |
|       |
| Desired Effective and Expiration Dates |  | Requested Quote Date |
|       |       |  |       |

# **Agent / Broker Information**

|  |
| --- |
| Agent / Broker |
|       |
| Address |
|       |
| Contact Name  |
|       |
| Phone |  | Fax |
|       |  |       |
| Email Address  |
|       |
| Have you been appointerd with Chubb? |  | [ ]  Yes |  | [ ]  No |
| Desired Billing type |  | [ ]  Producer |  | [ ]  Direct |

# **General Information**

|  |
| --- |
| Description of Business Operations (include product descriptions and details of foreign activities, etc.):       |
| SIC / NAICS Code (if known):       |
| Past loss history (describe insured & uninsured foreign lossesincluding losses from local foreign policies that occurred during past 5 years):       |
| Any Discontinued or Sold Foreign Operations: | [ ]  Yes [ ]  No |
| If Yes, Explain:       |
| Any bankruptcies in last 5 years: | [ ]  Yes [ ]  No |
| If Yes, Explain:       |
| Any policy cancelled or non-renewed during past 3 yrs: | [ ]  Yes [ ]  No |
| If Yes, Explain:       |

### **Foreign General Liability (Per Occurrence Limit)**

|  |  |
| --- | --- |
| **[ ]**  | **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 / Deductible: | $      | International Premium: | $      |
| List and describe any physical operation overseas such as sales offices, manufacturing facilities, distribution centers, warehouses, etc (including country): |       |

### **Foreign Business Contingent 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)? | [ ]  Yes [ ]  No |
| If Yes, Explain:       |
| Maximum # of employees working at the same location: |       |
| Maximum # of employees staying at the same hotel: |       |

### **Trip Travel Information (30 Days or Less Outside of U.S.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # 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 Foreign Based Employee Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Country | Job Function\* (Sales, Mfg, etc.) | Type (TCN, LN, Expat / USN) | AnnualPayroll | # ofEmployees | If USN, list State of Hire; If TCN or LN, list Country of Origin |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| \*Describe all manual labor including but not limited to a brief description of the job and safety procedures along with NCCI code: |       |
| 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? | [ ]  Yes [ ]  No |
| [ ]  $50,000 AD&D | [ ]  $10,000 Medical Expense | [ ]  $25,000 Medical Expense |
| # of Spouse(s)       | # of Trips       |
| Is coverage desired for Accompanying Children? | [ ]  Yes [ ]  No |
| [ ]  $25,000 AD&D | [ ]  $10,000 Medical Expense | [ ]  $25,000 Medical Expense |
| # of Child(ren)       | # of Trips       |

### **Kidnap and Extortion Coverage**

|  |  |
| --- | --- |
| [ ]  | **$250,000 Automatic Limit Provided (with High Hazard Country Exclusions)**  |
| [ ]  $500,000 Limit | [ ]  $1,000,000 Limit | [ ]  Other       |
| Total Worldwide Revenue: |       |
| Describe Any Security or Prevention Measures to Protect Employees Listed Above From Incidents to Which This Coverage Applies: |       |
| Total Worldwide Employees: |       |
| Describe Any Previous Kidnap, Extortion or Detention Incidents, Attempts or Threats: |       |

|  |
| --- |
| **Additional Applications**  |

* If Foreign Commercial Property Coverage is desired, a supplemental application is required. ([Click here](http://openspace.ace-ina.com/aceadvantage/Shared%20Documents/Applications/International%20Advantage_Property_1901_08_2005.doc))
* Producers are required to be appointed with Chubb. - For more information visit [Producer Appointment](https://www2.chubb.com/us-en/agents-brokers/become-an-appointed-agent.aspx)

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: |  | Signature of Producer: |  |
|  |  |  |  |
| Date: |  | Date: |  |