

# INTERNATIONAL 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:
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Loss history for past 5 years plus description of all unreported losses or incidents that might become a claim: <input type="checkbox"/> Check if none
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Current International Package Carrier and premium:
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**Check Coverages Desired and Complete Section Below for Selected Coverages**

International General Liability     International Business Auto     Employee Foreign Protection (Voluntary Comp, EL, BTA)   
 International Kidnap and Ransom/Extortion     International Property

**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:

**Indicate Trip and Payroll Information Below (repeat as necessary or attach spreadsheet)**

*Number of Trips calculated as number of employees times trips (2 people taking 5 trips each = 10 trips)*

Number of Trips	Trip Purpose	Destination	Duration (average days)

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

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**

World Wide (domestic and foreign) Revenues: World Wide (domestic and foreign) Assets:	World Wide (domestic and foreign) Employee Count:
Desired Limits: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000	Any travel to hazardous countries? If yes, describe security.

**International Property**

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

Location #__	Address (Street, City, Country, Postal Code):
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Building Limit:	Business Personal Property Limit:
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 firefighting 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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**Applications should be submitted to:**

**Carol Dougherty**

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