



ACE International Advantage® Application Package Policy



Applicant Information

Named Insured:

Address:

Contact Name:

Email Address:

Business Website:

Desired Effective & Expiration Dates: -

Requested Quote Date:

Broker Information

Brokerage Name:

Address:

Contact Name:

Phone#: Fax#:

Email Address:

Have you been appointed with ACE? Yes No

Desired Billing Type: Producer Direct

General Information

Description of Business Operations (Include product descriptions and details of foreign activities, etc.):

SIC Code (if known):

Past loss history (describe insured & uninsured foreign losses including losses from local foreign policies that occurred during past 5 years):

Any Discontinued or Sold Foreign Operations: No Yes If yes, explain:

Any bankruptcies in last 5 years: No Yes If yes, explain:

Any policy cancelled or non-renewed during past 3 yrs: No Yes 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: International Premium:

List and describe any physical operation overseas such as sales offices, manufacturing facilities, distribution centers, warehouses, etc (including country):

Foreign Business 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*)? No Yes If yes, explain:

Maximum # of employees working at the same location:

Maximum # of employees staying at the same hotel:

Trip Travel Information:

# 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 Employee Information:

Country	Job Function (Sales, Mfg, etc.)	Type (TCN, LN, Expat)	Annual Payroll	# of Employees	If USN, list State of Hire; If TCN or LN, list Country of Origin

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? No Yes \$50,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense # of Spouse(s): # Trips:

Is coverage desired for Accompanying Children? No Yes \$25,000 AD&D \$10,000 Medical Expense \$25,000 Medical Expense # of Child(ren): # Trips:

*For educational institutions: if foreign AD&D / Medical Expense coverage for students & chaperones is desired, a separate supplemental application is required. [\(Click here\)](#)

Kidnap and Extortion Coverage
- \$250,000 automatic limit provided – with high hazard country exclusions

* For higher limits and worldwide coverage territory, a separate Kidnap/Extortion Supplemental Application is required [\(Click here\)](#)

Additional Applications

- If Foreign Commercial Property Coverage is desired a supplemental application is required. [\(Click here\)](#)
- Producers are required to be appointed with ACE American Insurance Company. - For more information visit [Producer Appointment](#)
- Supplemental applications can be downloaded from www.aceadvantage.com

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: