

Applicant Information

Applicant Name

Address

Contact Name

Email Address

Business Website

Desired Effective Date

Desired Expiration Dates

Requested Quote Date

Broker Information

Broker

Address

Contact Name

Phone

Fax

Email Address

Have you been appointed with Westchester? 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):

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: 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)

<input type="checkbox"/> Standard \$1,000,000 Per Occurrence	
<input type="checkbox"/> 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)

<input type="checkbox"/> Standard \$1,000,000 Limit Per Accident	
<input type="checkbox"/> 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)	Annual Payroll	# of Employees	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

<input type="checkbox"/> \$50,000 AD&D Automatic Limit Provided			
<input type="checkbox"/> \$100,000 AD&D	<input type="checkbox"/> \$250,000 AD&D	<input type="checkbox"/> \$10,000 Medical Expense	<input type="checkbox"/> \$25,000 Medical Expense
Is coverage desired for Accompanying Spouses? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> \$50,000 AD&D	<input type="checkbox"/> \$10,000 Medical Expense	<input type="checkbox"/> \$25,000 Medical Expense	
# of Spouse(s)		# of Trips	
Is coverage desired for Accompanying Children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> \$25,000 AD&D	<input type="checkbox"/> \$10,000 Medical Expense	<input type="checkbox"/> \$25,000 Medical Expense	
# of Child(ren)		# of Trips	

Kidnap and Extortion Coverage

<input type="checkbox"/> \$250,000 Automatic Limit Provided (with High Hazard Country Exclusions) Please complete section below if higher, worldwide K&E limits are desired		
<input type="checkbox"/> \$500,000 Limit	<input type="checkbox"/> \$1,000,000 Limit	<input type="checkbox"/> 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](#))
- Producers are required to be appointed with Westchester. For more information please contact your Westchester Business Development Manager ([Click here](#))

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 Applicant's Representative:

Signature of Producer:

Date:

Date:

Applicant Information

Applicant Name

Broker Information

Broker Name

Coverages Requested (check all that apply):

Building Personal Property Boiler and Machinery Business Income/Extra Expense

Deductible(s) Requested:

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000

Perils:

All Risk All Risk (including Flood and Earthquake)

Sublimits:

Earthquake: \$ Windstorm: \$ Flood: \$

Miscellaneous Personal Property

Description of Miscellaneous Personal Property:

Limit Requested: \$

Transit

Description of Goods:

Limit Requested: \$

Destination of Shipments:

Estimated Annual # of Shipments:

Annual Value of Shipments: \$

Miscellaneous Unnamed Insured Locations

Description of Miscellaneous Unnamed Insured Locations:

Limit Requested: \$

Cargo

Description of Goods Shipped:

Countries:

Limits Requested: \$

Estimated Annual # of Shipments:

Annual Value of Shipments:

Certificates Required Yes No
(if yes, a separate marine cargo policy is required.)

Scheduled Locations

Location Information (complete for each location to be insured or amend any spreadsheet submitted separately to include all information)

Complete Location Address

Street Address:

City, State:

Country, Postal Code:

Insurable Values

Building: \$

Machinery and Equipment: \$

Merchandise: \$

Stock: \$

Other Property: \$

Boiler & Machinery Sublimit: \$

Business Income Including Extra Expense: \$
(annual values only)

Country Tax ID:

Description of other Property:

COPE

Construction

Year Built:	Type of Construction:	Type of Roof:
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Occupancy

Office Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Stories:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Building Square footage:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
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Warehouse Occupancy: Yes No

If yes, <input type="checkbox"/> Sole-occupant <input type="checkbox"/> Multi-tenants	If Multi-tenants, List Other Occupants:
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Manufacturing Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Describe Manufacturing Process:
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Protection

Is the building Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance to the closest Fire Hydrant:	Distance to the closest Fire Station:
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Other Protection Devices:
(Fire alarm, burglar alarms, guards)

External Exposure

Nearest Occupants that surround building:	Building Distance from nearest body of water:
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Signature of Applicant's Representative:	Signature of Producer:
_____	_____

Date:	Date:
_____	_____