



INSURANCE INNOVATORS INCORPORATED

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International CASUALTY APPLICATION

Customer	Broker/Agent
Address	Address
Contact	Contact
E-mail	E-mail
Phone	Phone
Quote Needed By	Fax
Intended Inception	
SS# or DUNN & Bradstreet	

Individual
 Corporation
 Subchapter "S" Corporation
 Not for Profit
 Partnership
 Joint Venture
 Limited Corporation
 Years in Business: _____

General Information

Description of Foreign Operations:

List Countries where customer will work/travel, or sell products:

Loss History Past 5 Years:

Current international insurance carrier Premium: \$

Does the customer have any foreign subsidiaries? Yes No If yes, please attach a list.

General Liability: (Choose One)

Foreign Sales: Contract Cost: No. of leased or owned Premises:

Domestic GL Rate/Carrier: Number of foreign trips/purpose:

Administration (sales/clerical) _____ Labor: (physical/manual labor) _____

Standard Limit is \$1,000,000

Any Excess Limits for: Occurrence: _____ Products: _____ Personal/Advertising Injury _____

Contingent Auto:

Number of Foreign Owned Autos:

Standard Limit is \$1,000,000

Any Excess Limits:

Employers Responsibility – Indicate trip and/or payroll exposure in charts below:

Number of Foreign Trips and Duration:

Trip Purpose	Number	Duration (Avg. Days)
Administrative (sales, clerical)		
Labor (physical/manual labor)		

Number and Payroll of Employees Abroad:

Trip Purpose	Number	U.S. Nationals	Number	Third County Nationals	Numbers	Local Nationals
Administrative (sales, clerical)		\$		\$		\$
Labor (physical/manual labor)		\$		\$		\$

Employers Liability: Standard Limit is \$1,000,000. Any Excess Limits:

Employee Medical and AD&D:

Medical ___ \$10,000

___ \$25,000

AD&D ___ \$100,000

___ \$250,000

Number of Employees

Number of Trips

Average Length of Stay:

Separate Applications required for:

___ **Kidnap & Extortion**

___ **Property**

___ **Defense Base Act**

Signed

Title

Date