|  |
| --- |
| Chubb International Advantage® Application |
| Property Supplement |

Applicant Information

|  |
| --- |
| Named Insured |
|       |

Broker Information

|  |
| --- |
| Brokerage 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: | $      |

# Salesperson’s Samples

|  |
| --- |
| Description of Salesperson’s Samples:       |
| Salesperson’s Samples Limit: $      |

# Transit

|  |
| --- |
| Description of Goods:       |
| Limit Requested: | $       | Destination of Shipments: |       |
| Estimated Annual # of Shipments: |       | Annual Value of Shipments: | $       |

# Property On Exhibition

|  |  |
| --- | --- |
| Description of Goods on Exhibition: |       |
| Exhibition Limit: | $       | # of Annual Exhibitions |       |

# Cargo

|  |
| --- |
| Description of Goods Shipped       |
| Countries:       |
| Limits Requested: | $       | Estimated Annual # of Shipments: |       |
| Annual Value of Shipments: |       | Certificates Required(if yes, a separate marine cargo policy is required. Supplemental application available at www.aceadvantage.com/applications) | [ ]  Yes [ ]  No |

# 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 : |       |

### Occupancy

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Office Occupancy: | [ ]  Yes [ ]  No | # Stories: |       | Basement: | [ ]  Yes [ ]  No |
| Building Square footage: |       | [ ]  Owned | [ ]  Leased |
| Warehouse Occupancy: | [ ]  Yes [ ]  No |
| If yes, | [ ]  Sole-occupant | [ ]  Multi-tenants | If Multi-tenants, List Other Occupants |       |
| Manufacturing Occupancy: | [ ]  Yes [ ]  No | If yes, Describe Manufacturing Process: |       |

### Protection

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the building Sprinklered? | [ ]  Yes [ ]  No | Distance to the closest Fire Hydrant: |       | Distance to the Closest Fire Station: |       |
| Other Protection Devices:(Fire alarm, burglar alarms, guards) |       |

### External Exposure

|  |  |  |
| --- | --- | --- |
| Nearest Occupants that surround building:       | Building Distance from nearest body of water: |       |

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: |  |