

Chubb International Advantage[®] Application

Package Policy

CHUBB[®]

Applicant Information

Named Insured

Address

Contact Name

Email Address

Business Website

Expiration Dates

Requested Quote Date

Broker Information

Brokerage Name

Address

Contact Name

Phone

Fax

Email Address

Have you been appointed with Chubb?

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: 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):

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)?

Yes No

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

<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)
--

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

<input type="checkbox"/> 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 <http://www.chubb.com>

The undersigned authorized officer of the applicant 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 Chubb, 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 Authorized
Representative: _____

Signature of
Producer: _____

Date: _____

Date: _____