

Foreign Package — Westchester



email: info@uigusa.com phone: 800.385.9978

The Agent Agency

APPLICANT INFORMATION

1. Name Insured: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Website: _____

Contact Name: _____ Phone Number: _____

Email: _____ Desired Effective Date: _____

2. Brokerage: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Contact Name: _____ Phone Number: _____

Email: _____ Request Quote Date: _____

GENERAL INFORMATION

3. Description of Business Operations:

4. Countries of Travel or Operations: _____

5. Past loss history (5 years): _____

6. Any discontinued or sold foreign operations, bankruptcies or policies canceled or non-renewed in past 5 years? Yes No

If **YES**, explain: _____

COMMERCIAL GENERAL LIABILITY

7. Limit: \$1,000,000 each Occurrence Other: _____

Total Foreign Sales, Revenue or Contract Cost: _____

Number of Owned / Leased Foreign Locations: _____

If so, please provide description: _____

CONTINGENT AUTO LIABILITY (INCLUDING HIRED AUTO PHYSICAL DAMAGE)

8. Limit: \$1,000,000 each Accident Other: _____

Number of Foreign Rentals: _____

Number of Foreign Owned Autos: _____

Number of Foreign Non-Owned Autos: _____

FOREIGN VOLUNTARY WORKERS' COMPENSATION Includes \$1,000,000 Emergency Assistance Limit and Contingent Employers Liability

9. EL Limit: \$1,000,000 each Claim Other:

Number of total trips outside of the U.S. (30 Days or Less): _____ Average duration (days) of trips outside of the U.S.: _____

Will more than six (6) employees fly on same flight? Yes No

Are there any foreign based employees? Yes No

If **YES**, please provide a description of their occupation: _____

Foreign Payroll: U.S. Nationals: _____ Third Country Nationals: _____ Local Nationals: _____

ACCIDENT & HEALTH

10. Accidental Death & Dismemberment: \$50,000 (Automatically included) \$100,000 \$250,000

Medical Expense: \$10,000 \$25,000

KIDNAP & EXTORTION

10. Limit: _____

If higher limits are desired, please complete our Kidnap & Extortion supplemental application. [Click here to download.](#)

PROPERTY

11. Limit: _____ Coverage type: _____ (scheduled locations required SOV)

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.

Applicant's Signature: _____ Title: _____

Date: _____