



650 Cleveland St, Suite 1668
Clearwater, FL 33755 USA
813-540-2156
www.GlobalRiskBroker.com

Foreign General Liability & Casualty Insurance Application

Applicant Information				Broker Information					
Named Insured:				Brokerage Name: eGlobalHealth Insurers Ag, LLC					
Address:				Address:					
Desired Effective & Expiration Dates:				Contact Name: Derek Patterson					
Requested Quote Date:				Phone: Fax:					
Business Website:				E-mail Address: info@GlobalRiskBroker.com					
Description of Business Operations (Include details of products, activities, etc.):									
SIC Code (If known):									
Total Estimated Domestic (U.S.) Sales/Revenue:									
Total Estimated Foreign Sales/Revenue:									
Past Loss History (Describe insured/uninsured foreign losses including losses from local foreign policies that occurred during the past 5 years):									
Any policy cancelled or non-renewed during the past 3 years?				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					
International Insurance History (Past carriers, premium, etc. for the past 3 years):									
Description of Security and Safety Procedures:									
Describe all trips and travelers (list each trip separately, provide additional pages or spreadsheet if needed)									
Trips	Country of Destination	Number of Trips	Total # of Employees per Trip	Travel Duration	Type of Employee (TCN, LN, USN)	Occupation	State of Hire (USN Only)	Country of Origin (TCN Only)	Employee Classification (W2, 1099, Volunteer)
1.									
2.									
3.									
4.									
Are Products Sold Overseas?				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list countries and describe:					
Describe any physical operations overseas such as sales offices, manufacturing plants, warehouses, etc.:									

☐ **Foreign General Liability** \$1,000,000 OCC ____ \$2,000,000 OCC ____ Other ____

Additional Selected Coverages:

☐ Employee Benefits Liability ☐ Foreign Suits Only ☐ Additional Insured (Describe):

☐ Product Exclusion ☐ Other (Describe):

Domestic Products Rate:

☐ **Foreign Travel, Accident & Sickness (Includes Travel Assistance Services)**

☐ \$10,000/\$100,000 AD&D ☐ \$20,000/200,000 AD&D ☐ \$50,000/500,000 AD&D ☐ Other:

Is coverage desired for accompanying spouses?

☐ Yes ☐ No

#:

Is coverage desired for accompanying children?

☐ Yes ☐ No

#:

Is coverage desired for Local Nationals traveling outside of their own country?

☐ Yes ☐ No

#:

Is coverage desired for other types of people? If yes, describe:

☐ Yes ☐ No

#:

☐ **Foreign Voluntary Worker's Compensation**

What is the maximum number of employees flying on same flight?

Any flights on non-commercial aircraft (*charter, corporate, helicopter*)? ☐ Yes ☐ No If yes, explain:

What is the maximum number of employees working at the same location or staying at the same hotel?

Foreign Based Employee Details:

Country	Occupation (Sales, Mfg, etc.)	Annual Payroll	Type of Employee (TCN, LCN, USN)	Employee Classification* (W2, 1099, Volunteer)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you want coverage limited to Contingent Workers' Compensation (WC) only? ☐ Yes ☐ No Domestic WC Experience Mod:

☐ **Foreign Business Auto Coverage (Excess/DIC Only)** ☐ \$1,000,000 ☐ \$2,000,000 ☐ Other:

Select: ☐ Non-Owned & Hired

Number of **Foreign** Rentals:

Maximum Length of Rental:

☐ Owned Private Passenger Type

Number of Vehicles:

☐ Owned Other than Private Passenger Type

Number of Vehicles:

☐ Physical Damage Coverage

☐ Collision

Deductibles

☐ \$500 ☐ \$1,000

☐ Other:

☐ Comprehensive

Deductibles

☐ \$500 ☐ \$1,000

☐ Other:

Schedule of Owned Vehicles (Make, Model, Year, Vin, Value, Location) (*Attach spreadsheet if necessary*)

☐ **Foreign Kidnap, Ransom & Extortion Coverage**

☐ \$1,000,000

☐ Other:

Total Worldwide Assets: \$

Total Number of Worldwide Employees:

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Signature:

Date: