



Global Risk Broker & Associates
 Commercial Foreign Package Application
 General & Casualty Application

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Applicant Information

Named Insured:
 Address of Insured:
 Desired Effective & Expiration Dates:
 Requested Quote Date:
 Business Website:

Broker Information

Brokerage Name:
 Address of Brokerage:
 Contact Name:
 Phone#: Fax#:
 Email Address:

General Applicant Information

Description of Business Operations
(Please include details of products, activities, etc.):
 SIC Code *(if known):*
 Total Estimated **Domestic** (USA) Sales/Revenue:
 Total Estimated **Foreign** Sales/Revenue:
 Past loss history *(describe insured & uninsured foreign losses including losses from local foreign policies that occurred during past 5 years):*
 Any policy cancelled or non-renewed during past 3 yrs? If yes, please explain:
 International Insurance History
(3 years, Past Carriers, Premium, etc.):

Casualty Application:

Describe all trips and travelers *(list each trip separately, provide additional pages or spreadsheet if needed)*

Trips	Country/Region of Destination	Travel Duration	Type of Employee (TCN, LN, US Nat, Expat)	Occupation	State of Hire (US Nat only)/Country of Hire (TCN only)	Total # of Employees per Trip
1.						
2.						
3.						
4.						

Are Products Sold Overseas? If yes, please list countries and describe:

List any physical operation overseas such as sales offices, manufacturing plants, warehouses, etc. and describe:

Foreign General Liability: \$1,000,000 OCC \$2,000,000 OCC Other:

Additional Selected Coverages Employee Benefits Liability Foreign Suits Only
 Additional Insured *(Describe type):* Product Exclusion
 Other *(Describe):*

Domestic Products Rate:

Any Discontinued or Sold Foreign Operations? No Yes If yes, explain:

Foreign Voluntary Worker's Compensation:

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

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

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

Foreign Based Employee Details:

Country	Job Class (Sales, Mfg, etc.)	Type (TCN, LN, Expat)	Annual Payroll

Do you want coverage limited to Employer's Responsibility (*Contingent WC*) only? Yes No

Domestic WC Experience Mod: _____

Foreign Travel, Accident & Sickness: Includes Assist 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? No Yes #: _____

Is coverage desired for Accompanying Children? No Yes #: _____

Is coverage desired for local nationals? No Yes #: _____

Is coverage desired for others? No Yes #: _____

Foreign Business Auto Coverage (Excess/DIC only):

\$1,000,000 \$2,000,000

Select: Non-owned & Hired

Number of **Foreign** Rentals: _____ Location(s) of Rentals: _____ Length of Rental: _____

Owned Private Passenger Type

Number of Vehicles: _____ Location of Vehicles: _____

Owned Other than Private Passenger Type

Number of Vehicles: _____ Location of Vehicles: _____

Schedule of Owned Vehicles (*Make, Model, year, Vin*):
(attach spreadsheet if necessary) _____

Physical Damage Coverage Value per Vehicle: _____

Comprehensive Deductibles \$500 \$1,000 Other

Collision Deductibles \$500 \$1,000 Other

Foreign Kidnap, Ransom & Extortion Coverage:

\$1,000,000 Other: _____

Total Worldwide Assets: \$ _____

Total Number of Worldwide Employees: _____

Please describe any travel to hazardous countries and security procedures: _____

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:** _____

Send completed application to Derek Patterson, info@eGlobalHealth.com or FAX : +1 417-459-4623