



**3 Easy Steps**

- (1) Save application to your hard drive (File > Save As >)
  - (2) Fill out application sections
  - (3) Fax To: 301-795-6610
- Any questions please call: 888-466-8425*

# International Advantage® Application

Section I ..... Casualty .....(required)  
 Section II ..... Kidnap & Extortion .....(complete to request higher limits or other options)  
 Section III ... Property & Business Income...(complete to request additional property coverage)

## I. Casualty

<b>Customer</b>	<b>Broker/Agent</b> Novick Group
Address	Address One Church Street, Suite 400
	Rockville, MD 20850
Contact	Contact Lou Novick
E-mail	E-mail mstrassman@novickgroup.com
Phone	Phone 301-795-6600 or 888-466-8425
Quote Needed By	Fax 301-795-6610
Intended Inception	
SS# or Dunn & Bradstreet#	

Individual       Corporation       Subchapter "S" Corporation       Not for Profit  
 Partnership       Joint Venture       Limited Corporation      Years in Business:

### General Information

Description of Foreign Operations:

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List Countries where customer will work/travel, or sell products:

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Loss History Past 5 Years:

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Current international insurance carrier: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Does the customer have any foreign subsidiaries?  Yes  No If yes, please attach a list.

### General Liability: (Choose One)

Foreign Sales: \_\_\_\_\_ Contract Cost: \_\_\_\_\_ No. of leased or owned Premises: \_\_\_\_\_

Domestic GL Rate/Carrier: \_\_\_\_\_ Number of foreign trips/purpose: \_\_\_\_\_

Administration: (sales/clerical)  Labor: (physical/manual labor)

Standard Limit is \$1,000,000.

Any Excess Limits for: Occurrence      Products      Personal/Advertising Injury

Customer:

**Contingent Auto:**

Number of Foreign Owned Autos: \_\_\_\_\_

Standard Limit is \$1,000,000. Any Excess Limits: \_\_\_\_\_

**Employers Responsibility** – Indicate **trip** and/or **payroll** exposure in charts below:

Number of Trips is calculated as number of employees X trips. (Example: 8 employees taking 3 trips each = 24 trips).

Number of Foreign **Trips** and Duration:

Trip Purpose	Number	Duration (Avg. Days)
Administrative (sales, clerical)		
Labor (physical/manual labor)		

Number and **Payroll** of Employees Abroad:

Trip Purpose	Number	U.S. Nationals	Number	Third Country Nationals	Number	Local Nationals
Administrative (sales, clerical)		\$		\$		\$
Labor (physical/manual labor)		\$		\$		\$

**Employers Liability:** Standard Limit is \$1,000,000. Any Excess Limits: \_\_\_\_\_

**Employee Medical And AD&D:** Medical  \$10,000  \$25,000  
 AD&D  \$100,000  \$250,000

Number of Employees: \_\_\_\_\_ Number of Trips: \_\_\_\_\_ Average Length of Stay: \_\_\_\_\_

Separate Applications required for:

Kidnap & Extortion  Property  Defense Base Act

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Customer:

## II. Corporate Kidnap and Extortion (complete to request higher limits or other options)

(Attach additional sheets when necessary)

- 1. Customer: \_\_\_\_\_
- 2. Home Office Address: \_\_\_\_\_
- 3. Business or type of industry: \_\_\_\_\_
- 4. Financial Information: (Attach latest annual report, if applicable) Total Worldwide Revenue \$ \_\_\_\_\_
- 5. Employee census information: \_\_\_\_\_ Total number of Employees (Worldwide): \_\_\_\_\_

### OVERSEAS TRAVEL INFORMATION

Destination City/Country	Number of Employees	Frequency/Duration of Trip	Reason for Trip

- 6. Total Number of **Permanent** Employees stationed/assigned outside the U.S.:
 

City/Country	Number of Employees	Number of Directors/Officers	Citizenship (U.S. or Other)

- 7. Describe any previous kidnap, extortion or detention incidents, attempts or threats: \_\_\_\_\_
- 8. Describe any security or prevention measures to protect those persons in Question 5 above from an incident to which this coverage applies: \_\_\_\_\_
- 9. Limit of Insurance requested: \_\_\_\_\_

**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 IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



**Customer:**

**Location Information**

(To be completed for each location to be insured or amend any spreadsheet to include all information)

1. Insurable Values	2. Complete Location Address (including postal codes)
Building (\$ value)	
Machinery & Equipment (\$ value)	Address
Stock (\$ value)	City, State
Merchandise (\$ value)	Country, Postal Code
Other Property (\$ value)	Country Tax ID
Description of other property	
Business Income including extra expense (Annual Values Only)	(\$ value)
Boiler & Machinery Sublimit	(\$ value)

**Cope:**

*Construction*

Year Built	Type of Construction
Type of Roof	

*Occupancy*

Occupancy of building	Number of stories	Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Square Footage of building	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
If warehouse occupancy verify if sole-occupant or multi-tenants. <input type="checkbox"/> sole-occupant <input type="checkbox"/> multi-tenants		
If multi-tenants, list other occupants		
If a manufacturing occupancy, describe manufacturing processes		

**Protection**

Is the building sprinklered? Yes No

What is the distance to the closest fire hydrant & fire station

Other protection devices (fire alarm, burglar alarms, guards)

**External Exposure**

What are the nearest occupants that surround the building?

Building Distance from the nearest body of water

Signed	Title	Date
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