



EXPORTERS PACKAGE PORTFOLIO APPLICATION

Applicant's name & address:

Producer's name, address, fax & e-mail:

New or Renewal:

Quote needed by:

Effective date:

Applicant's website:

Current carriers - domestic:

Years in business:

foreign:

Description of operations:

For each named insured indicate what each entity does, whether or not they are combinable and any liability exposures any have outside of the risk submitted in this application.

Check each line of business requested.

INTERNATIONAL GENERAL LIABILITY

Foreign Suits Only

Worldwide Suits

Domestic Product Rate:

Export Sales:

Sales for Product Withdrawal Expense coverage:

Please explain any contracting, installation or servicing work done outside the U.S. & Canada

Check to request	<u>Limits</u>	<u>Other Limits</u>
_____ General Aggregate	\$2,000,000	_____
_____ Products-Completed Operations Aggregate	\$1,000,000	_____
_____ Advertising Injury & Personal Injury Aggregate	\$1,000,000	_____
_____ Each Occurrence	\$1,000,000	_____
_____ Damage To Premises Rented To You	\$1,000,000	_____
_____ Medical Expense	\$ 10,000	_____
_____ Employment Benefits Aggregate – claims-made	\$ 250,000	_____
Retroactive Date: _____		
_____ Employment Related Practices Aggregate -	\$ 250,000	_____
Claims-made, foreign suits only		
Retroactive Date: _____		
_____ Product Withdrawal Expense Aggregate	\$ 20,000	_____

INTERNATIONAL WORKERS COMPENSATION

(If there are 5 or more employees on any one trip or at any one location, please provide details.)

_____ Trip travel
Number of trips by US Nationals: _____ Purpose of trips: _____
Number of trips by Third Country Nationals: _____ Purpose of trips: _____
Countries to which employees travel: _____
Note: 3 employees traveling on two trips = 6 trips

_____ Foreign assignment
Payroll for US Nationals: _____ Foreign assignment description: _____
Payroll for Third Country Nationals: _____ Foreign assignment description: _____

_____ Defense Base Act (DBA) payroll: _____ Country(ies): _____
Description of DBA project: _____

Benefit Level for: International Executive Employee benefits: State of Hire or (list state): _____
Other International Employee benefits: Country of Origin or (list country): _____

	<u>Limits</u>	<u>Other Limits</u>
Repatriation each employee/policy agg.	\$250,000/\$500,000	_____
Employers Liability	\$1,000,000/\$1,000,000/\$1,000,000	_____

Employee Travel Assistance by MEDEX is automatic when International Workers Compensation is provided.

AUTO LIABILITY

Number of Rented Vehicles: _____ Number of Owned Vehicles: _____
Physical Damage for Nonowned Autos: _____ yes _____ no

	<u>Limits</u>	<u>Other Limits</u>
Bodily Injury & Property Damage	\$1,000,000	_____
Medical Payments	\$ 10,000	_____
Property Damage Retained	\$0	_____
Physical Damage – nonowned autos each auto/annual aggregate	\$2,500/\$10,000	_____

PROPERTY

Check to request	Limits	Other Limits
_____ Personal Property AOL	\$ 100,000	
_____ Business Income/Gross Profits with Extra Expense	\$ 50,000	
_____ Accounts Receivable AOL	\$ 25,000	
_____ Communication Property AOL	\$ 10,000	
_____ Electronic Data AOL	\$ 25,000	
_____ Electronic Data Processing Equipment AOL	\$ 25,000	
_____ Fine Arts AOL	\$ 25,000	
_____ Valuable Papers AOL	\$ 25,000	
_____ Contractors' Equipment	\$0	
_____ Salespersons' Samples	\$0	
_____ Political Risk (for salespersons' samples)	\$ 50,000	
_____ Mobile Communication Property	\$ 10,000	
_____ Mobile Equipment	\$0	
_____ Money & Securities Off Premises	\$ 5,000	
_____ Neighbors & Tenants Liability	\$ 2,500,000	
_____ Pair & Set	\$0	
_____ Personal Property of Employees	\$0	
_____ Electronic Data Processing Equipment at Exhibition Fair or Trade Show	\$0	
_____ Fine Arts at Exhibition Fair or Trade Show	\$0	
_____ Personal Property at Exhibition Fair or Trade Show	\$0	
_____ Personal Property in Transit	\$ 100,000	
_____ Accounts Receivable in Transit	\$ 25,000	
_____ Electronic Data in Transit	\$ 10,000	
_____ Electronic Data Processing Equipment in Transit	\$ 25,000	
_____ Fine Arts in Transit	\$ 25,000	
_____ Valuable Papers in Transit	\$ 25,000	
_____ Flood occurrence/policy aggregate; excludes The Netherlands	\$	
_____ Earthquake occurrence/policy aggregate, excludes Japan	\$	

Deductibles	Personal Property	\$1,000	
	Business Income/Gross Profits With Extra Expense	24 hours	
	Mobile Communication Property	\$3,500 (minimum)	
	Flood		
	Earthquake		
	Other		

BLANKET ACCIDENT

Limit: _____ \$50,000 _____ \$100,000

IMPORTANT NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The Applicant (s) understands and agrees that:

- (1) the completion and signing of this APPLICATION FORM neither binds the company to sell nor the applicant to purchase the insurance;
- (2) insurance may not be available in all jurisdictions; and
- (3) any alteration to any part of the text of this APPLICATION FORM, where such text has been prepared by the company, may be grounds for rescission of any policy issued in reliance upon this application, and Chubb may elect to exercise any other rights and remedies available to it at law or in equity.

Please note: Only duly appointed agents of the company and licensed brokers are authorized to solicit applications for coverage. Agents and brokers are not authorized to bind coverage. No coverage shall be provided unless the company accepts the application and binds the coverage.

DATED: _____

NAME OF PREPARER: _____

AUTHORIZED SIGNATURE: _____

TEL. NO. OF PREPARER: _____

The Applicant(s) declares that to the best of his/her knowledge the statements set forth in this APPLICATION FORM and in any attachments to this APPLICATION FORM are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this APPLICATION FORM. The Applicant(s) and all persons proposed for insurance hereunder further understand that the statements and all particulars provided in this APPLICATION FORM are material to the decision to provide this insurance and that any policy will be issued in reliance upon the truth of such statements and particulars. The Applicant(s) agrees that if any significant change in the condition of the application is discovered between the date of this APPLICATION FORM and the effective date of the policy which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the company immediately, and if necessary, any outstanding quotation may be modified or withdrawn.

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 insurance act, which is a crime and subjects such person to criminal and civil penalties, including but not limited to fines, denial or insurance benefits, civil damages, criminal prosecution and confinement in state prison.

Applicable in California

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

Applicable in Louisiana

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Application in Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Application in Nebraska

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, where such person subsequently submits a claim.

Applicable in New Mexico

Any person who, knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in New York

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 insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Oregon

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any material fact thereto, may be guilty of insurance fraud.

Applicable in Pennsylvania

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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in Virginia

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.