

**St. Paul Fire and Marine Insurance Company**

**GENERAL INFORMATION**

|   |                    |
|---|--------------------|
| Named Insured   | Effective Date     |
| Mailing Address ( <i>Street, City, State, Zip Code</i> )  | Website:           |
| Business of Insured:  | Years in Business: |
| Type of business<br><input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Corp. <input type="checkbox"/> Subchapter "S" Corp. <input type="checkbox"/> Not for Profit |                    |
| Does insured have any foreign divisions, affiliates, or subsidiaries not to be insured under this policy?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>If yes, please describe:</i></b>  |                    |
| Loss History for past 3 years ( <i>attach loss run</i> ):   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

**FOREIGN PROPERTY**

**LOCATION NO. 1:**

|   |   |   |                         |  |                        |
|---|---|---|-------------------------|--|------------------------|
| Occupancy:  | Construction:   | Protection:   | Building:<br>\$         | Contents:<br>\$  | Business Income:<br>\$ |
| Coinsurance %   | Replacement Cost:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | ACV:<br><input type="checkbox"/> Yes <input type="checkbox"/> No        | Deductible:<br>\$       | Business Income Deductible:<br>\$ _____ or _____ hours   |                        |
| Flood<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Flood Limit:<br>\$  | Earthquake:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Earthquake Limit:<br>\$ | Is locally admitted coverage purchased?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide next:</i> |                        |
| Name of Insurer:  |   |   | Limits of Coverage      | Perils insured:  |                        |

**LOCATION NO. 2:**

|   |   |   |                         |  |                        |
|---|---|---|-------------------------|--|------------------------|
| Occupancy:  | Construction:   | Protection:   | Building:<br>\$         | Contents:<br>\$  | Business Income:<br>\$ |
| Coinsurance %   | Replacement Cost:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | ACV:<br><input type="checkbox"/> Yes <input type="checkbox"/> No        | Deductible:<br>\$       | Business Income Deductible:<br>\$ _____ or _____ hours   |                        |
| Flood<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Flood Limit:<br>\$  | Earthquake:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Earthquake Limit:<br>\$ | Is locally admitted coverage purchased?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide next:</i> |                        |
| Name of Insurer:  |   |   | Limits of Coverage      | Perils insured:  |                        |

***Please attach a separate sheet for additional locations.***

**EXHIBITION:**

|              |                      |                   |                                       |                   |
|--------------|----------------------|-------------------|---------------------------------------|-------------------|
| Limit:<br>\$ | Average Value:<br>\$ | Deductible:<br>\$ | Estimated No. of Foreign Exhibitions: | Average Duration: |
|--------------|----------------------|-------------------|---------------------------------------|-------------------|

List Countries where exhibitions will take place:

Description of Property:

**TRANSIT:**

Describe goods being shipped

|              |                   |                                   |                              |
|--------------|-------------------|-----------------------------------|------------------------------|
| Limit:<br>\$ | Deductible:<br>\$ | Average Value Per Shipment:<br>\$ | Annual Values Shipped:<br>\$ |
|--------------|-------------------|-----------------------------------|------------------------------|

Describe Means of Transport:

Destinations:

**OCEAN CARGO:**

|                            |                      |                      |                              |
|----------------------------|----------------------|----------------------|------------------------------|
| No. of Shipments Per Year: | Average Value:<br>\$ | Maximum Value:<br>\$ | Annual Values Shipped:<br>\$ |
|----------------------------|----------------------|----------------------|------------------------------|

|                       |                   |                         |
|-----------------------|-------------------|-------------------------|
| Limit Requested<br>\$ | Deductible:<br>\$ | Types of Goods Shipped: |
|-----------------------|-------------------|-------------------------|

Primary points of origin and primary points of destination:

|                      |   |
|----------------------|---|
| Usual terms of sale: | How are the goods packed for import/export? |
|----------------------|---|

|  |                                     |
|--|-------------------------------------|
| Does the packaging indicate the contents of the package or manufacturer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Who performs the packing/unpacking? |
|--|-------------------------------------|

|  |   |
|--|---|
| Percentage of goods stowed on deck?<br>% | Percentage of goods stowed below deck?<br>% |
|--|---|

**FOREIGN GENERAL LIABILITY**

|  |                          |
|--|--------------------------|
| General Total Limit: \$                  | Each Event Limit \$      |
| Products & Completed Work Total Limit \$ | Premises Damage Limit \$ |
| Personal Injury Each Person Limit \$     | Medical Expense Limit \$ |
| Advertising Injury Each Person Limit \$  |                          |

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Foreign Annual Gross Sales:<br>\$ | Describe work/operation overseas: |
|-----------------------------------|-----------------------------------|

Describe any overseas installation, service or repair work:

Breakdown of sales by country:

|  |                        |
|--|------------------------|
| Are there any future acquisitions planned?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Domestic Product Rate: |
|--|------------------------|

**FOREIGN AUTOMOBILE DIC/EXCESS LIABILITY**

|                        |   |
|------------------------|---|
| Limit Requested:<br>\$ | Estimated number of autos to be hired overseas: |
|------------------------|---|

Countries where they will be used:

|                           |                           |   |
|---------------------------|---------------------------|---|
| Average Length of Rental: | Maximum Length of Rental: | No. of owned vehicles insured elsewhere: <i>(Note: our form is DIC only.)</i> |
|---------------------------|---------------------------|---|

**FOREIGN VOLUNTARY WORKERS COMPENSATION AND EMPLOYERS LIABILITY**

Estimated number. of annual trips overseas: *(Note: One trip with 2 people equals 2 trip.)*

|                              |                         |
|------------------------------|-------------------------|
| Average Length of Each Trip: | Longest Length of Trip: |
|------------------------------|-------------------------|

List Countries traveled to:

Describe job functions of the traveling employees:

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**FOREIGN VOLUNTARY WORKERS COMPENSATION AND EMPLOYERS LIABILITY (CONTINUED)**

*If applicable, please complete the chart below for your International Employees who are stationed abroad:*

| Country                      | No. of Employees | Job Function | Payroll |
|------------------------------|------------------|--------------|---------|
| <b>U.S. Nationals</b>        |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |
| <b>3rd Country Nationals</b> |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |
|                              |                  |              |         |

**EMPLOYER S LIABILITY LIMITS FOR U.S. EXPATRIATES**

|                    |                   |                      |  |                  |
|--------------------|-------------------|----------------------|--|------------------|
| By Accident:<br>\$ | By Disease:<br>\$ | Each Employee:<br>\$ | Transportation (Repatriation) Any One Employee<br>\$ | Aggregate:<br>\$ |
|--------------------|-------------------|----------------------|--|------------------|

**EMPLOYER S LIABILITY LIMITS FOR LOCAL HIRES**

|          |                   |               |               |
|----------|-------------------|---------------|---------------|
| Country: | No. of Employees: | Job Function: | Payroll<br>\$ |
|----------|-------------------|---------------|---------------|

**KIDNAP/RANSOM/EXTORTION:**

|                     |   |
|---------------------|---|
| Limit:<br>\$100,000 | Is coverage wanted? .<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer questions 1, 2, and 3 below.</i> |
|---------------------|---|

1. Do any members of staff travel to countries outside the U.S., Canada and Western Europe?

Yes  No *If yes, provide details (attach separate schedule if necessary):*

| City & Country of Destination | Frequency | Duration | Business or Pleasure | Titles of Personnel |
|-------------------------------|-----------|----------|----------------------|---------------------|
|                               |           |          |                      |                     |
|                               |           |          |                      |                     |
|                               |           |          |                      |                     |

2. List all incidents in the past that would have given rise to a claim under the coverage herein applied for:

If none, please check here:  None

| Date of Incident | Type of Incident | Total Amount of Loss From Insurance | Amount Recovered Than Insurance | Recovery Other of Incident | Location |
|------------------|------------------|-------------------------------------|---------------------------------|----------------------------|----------|
|                  |                  |                                     |                                 |                            |          |
|                  |                  |                                     |                                 |                            |          |
|                  |                  |                                     |                                 |                            |          |

3. List the location(s) outside of the U.S., Canada and Western Europe for all subsidiaries, divisions and branches:

*(Attach a separate sheet if necessary.)*

| City & Country | Approximate No. of Employees | No. of Locations | Nature of Business or Products Provided | Type of Operations |
|----------------|------------------------------|------------------|---|--------------------|
|                |                              |                  |   |                    |
|                |                              |                  |   |                    |
|                |                              |                  |   |                    |

**ARKANSAS:** 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.

**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 policyholder 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.

**DISTRICT OF COLUMBIA: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**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.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**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.

**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.

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**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.

**NEW YORK (Non Auto):** 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.

**OHIO:** ANY PERSON WHO, WITH 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.

**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.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**PUERTO RICO FRAUD WARNING:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**TENNESSEE (Non WC):** 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.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**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.

**WEST VIRGINIA:** 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.

**WASHINGTON:** 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.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties. Not applicable in Nebraska.

**This application is not a representation that coverage does or does not exist for a particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for a particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable policy wording.**

|                              |       |              |
|------------------------------|-------|--------------|
| Authorized Officer Signature | Title | Today's Date |
|------------------------------|-------|--------------|



## **Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.