



**INTERNATIONAL FOREIGN CASUALTY PACKAGE APPLICATION**

Named Insured: \_\_\_\_\_

Contact Person for Inspection and Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Year Business Started: \_\_\_\_\_

Website: \_\_\_\_\_

Other Named Insureds: \_\_\_\_\_

Policy Period From: \_\_\_\_\_ To: \_\_\_\_\_

**GENERAL APPLICANT INFORMATION**

Description of Business Operations (please include details of products, activities, etc.): \_\_\_\_\_

Total Estimated Domestic (USA) Sales/Revenue: \_\_\_\_\_

Total Estimated Foreign Sales/Revenue: \_\_\_\_\_

**CASUALTY APPLICATION**

Describe all Trips and Travelers (list each trip separately, provide additional pages or spreadsheet if needed)

Trips	Country of Destination	# of Trips	Travel Duration	Type of Employee (TCN, LN, US, Nat, Expat)	Occupation	State of Hire (US Nat Only)	Country of Origin (TCN Only)	Total # of Employees per Trip
A.								
B.								
C.								
D.								

Are Products Sold Overseas?      Yes      No      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 Coverages:      Employee Benefits Liability      Foreign Suits Only      Product Exclusion

Additional Insured (describe type): \_\_\_\_\_

Other (describe): \_\_\_\_\_

Domestic Products Rate:

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

## FOREIGN VOLUNTARY WORKER'S COMPENSATION

What is the Maximum Number of Employees Flying on the Same Flight? \_\_\_\_\_  
Any Flight on Non-commercial Aircraft (charter, corporate, helicopter)?      Yes      No      If Yes, Please Explain: \_\_\_\_\_

What is the Maximum Number of Employees Working at the Same Location or Staying at the Same Hotel? \_\_\_\_\_

### Foreign Based Employees Details

Country	Job Class (sales, mfg, etc.)	Annual Payroll	Type (TCN, LN, Expat)

Do You Want Coverage Limited to Employer's Responsibility (contingent wc) Only?      Yes      No  
Domestic WC Experience Mod: \_\_\_\_\_

## FOREIGN TRAVEL, ACCIDENT & SICKNESS INCLUDING 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?      Yes      No      If Yes, #: \_\_\_\_\_  
Is Coverage Desired for Accompanying Children?      Yes      No      If Yes, #: \_\_\_\_\_  
Is Coverage Desired for Local Nationals Traveling Outside Their Own Country?      Yes      No      If Yes, #: \_\_\_\_\_  
Is Coverage Desired for Other Types of People?      Yes      No      If Yes, #: \_\_\_\_\_

## FOREIGN BUSINESS AUTO COVERAGE (EXCESS/DIC ONLY)

\$1,000,000 OCC      \$2,000,000 OCC  
Please Select:  
Non-owned & Hired  
Number of Foreign Rentals: \_\_\_\_\_ Location(s) of Rentals: \_\_\_\_\_ Length of Rentals: \_\_\_\_\_  
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 OCC      Other: \_\_\_\_\_  
Total Worldwide Assets: \$ \_\_\_\_\_  
Total Number of Worldwide Employees: \_\_\_\_\_  
Describe any Travel to Hazardous Countries and Security Procedures: \_\_\_\_\_

**PREMIUM AND LOSS HISTORY**

Year	Premiums Paid	Losses Paid	Number of Claims	Details of Accident

**HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.**

**SPECIAL INFORMATION**

Present Insuring Company: \_\_\_\_\_ Provide Copies of Current Policies if Available.

Has any Company ever Cancelled Insurance for this Owner?            Yes            No

If Yes, with what Company and on what Terms? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons 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 fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



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