

EXPORTERS PACKAGE PORTFOLIO APPLICATION

Applicant's name & address:

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

New or Renewal _____

Indication needed by _____

Effective Date _____

Years in business _____

Applicant's website _____

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

Number of locations _____

Export sales _____

Sales for Product Withdrawal

Expense coverage _____

Please explain any contracting, installation or servicing work done outside the US & Canada

| | <u>Limits</u> | <u>Other</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 | _____ |
| Employment Related Practices Aggregate claims made – foreign suits only | \$ 250,000 | _____ |
| Product Withdrawal Aggregate | \$ 20,000 | _____ |

Employment Benefits Retroactive Date _____

Employment Related Practices Retroactive Date _____

INTERNATIONAL WORKERS COMPENSATION

If there are 5 or more employees on any one trip or at any one location, explain

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 1

- Foreign assignment
Payroll for US Nationals _____ Foreign assignment description _____
Payroll for Third Country _____
Nationals _____ Foreign assignment description _____
- Defense Base Act (DBA) Payroll _____ Country _____
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</u> |
|-----------------------------------|---------------------|--------------|
| Repatriation each employee/policy | \$250,000/\$500,000 | _____ |
| Employers Liability | \$1,000,000 | _____ |

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

AUTO LIABILITY Excess

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

| | <u>Limits</u> | <u>Other</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 | _____ |

PERSONAL PROPERTY (use a separate sheet for additional locations)

COPE for locations exceeding \$750,000 in limits.

Location address _____
 Occupancy & type of property at the site _____

| | <u>Limits</u> | <u>Other</u> |
|--|-------------------------------|--------------|
| Building | Not covered | _____ |
| Personal Property | \$100,000 | _____ |
| Transit | \$100,000 | _____ |
| Leasehold Interest | \$50,000 | _____ |
| Business Income at premises stated in dec | \$0 | _____ |
| Business Income at any other premises | \$50,000 | _____ |
| Business Income while in transit | \$10,000 | _____ |
| Business Income power interruption | \$10,000 | _____ |
| Accounts Receivable | \$25,000 | _____ |
| Contractors Equipment | included in personal property | _____ |
| Electronic Data Processing Equipment | \$25,000 | _____ |
| Electronic Data Processing Media | \$25,000 | _____ |
| Fine Arts | \$25,000 | _____ |
| Valuable Papers | \$25,000 | _____ |
| Political Risk for Salemen's Samples | \$50,000 | _____ |
| Other | | _____ |
| Property Deductible: | \$1,000 | Other: _____ |
| Business Income Power Interruption Deductible: | 24 hours | Other: _____ |

ACCIDENT

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

CRIME

Blanket Employee Dishonesty: \$5,000 Other _____ Deductible: \$1,000 Other _____
 Depositors Forgery: \$5,000 Other _____ Deductible: \$1,000 Other _____

KIDNAP/RANSOM

Limit: \$100,000 \$200,000 \$300,000 \$400,000 \$500,000
 Deductible: \$500 Other _____
 Countries (to which employees travel) _____

OCEAN/CARGO

Annual volume of shipments _____ Description of goods shipped _____
 Limit: \$100,000 Other _____ Deductible: \$500 Other _____

LOSS HISTORY: On a separate page, list all insured and uninsured foreign losses that occurred during the past 3 years. Include the type of loss, location, cause, date and amount paid/outstanding.

IMPORTANT NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The Applicant (s) understand and agree 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.