



Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

APPLICANT INFORMATION

Proposed First Named Insured and Other Named Insureds: Are any foreign subsidiaries, legal entities, or branches seeking to be covered on this policy?
Mailing Address:
Contact Name: Telephone Number: Email:
Producer: Contact Name: Telephone Number: Email:
Proposed Effective Date Proposed Expiration Date Quote Need By Date

GENERAL INFORMATION

Website: Type of Legal Entity: Date Business Started
Description of Primary Operations
Foreign Loss History
Foreign Carrier: Foreign Premium:
Domestic Carrier: Domestic Premium:

COVERAGE INFORMATION

Identify requested coverage and coverage detail below by checking box (X)

\*Global Companion SM International Property Additional Information Request (CP-8436) is required for Commercial Property Coverage and limits greater than \$1,000,000.

Foreign Business Personal Property:
Limit Requested: Deductible Requested:
Description of Property:
Property Address:
Unscheduled Property Coverage:
Property At Exhibitions
Personal Property in Transit

Sales Representative Property	\$	
-------------------------------	----	--

**Foreign General Liability:**

<input type="checkbox"/> Standard \$1,000,000 Per Occurrence	<input type="checkbox"/> Other: _____
Estimated Foreign Sales by Country (including United States export sales): \$	Estimated Domestic Sales: \$
Number of Foreign Leased or Owned Premises:	Description of Physical Foreign Operations by Country: (including warehousing, sales, manufacturing, etc.):

**Foreign Business Auto:**

<input type="checkbox"/> Standard \$1,000,000 Per Occurrence	<input type="checkbox"/> Other: _____
Number of Foreign Rentals by Country:	Number of Foreign Non-Owned Autos by Country:
Number of Owned Autos by Country:	Other Passenger Vehicle Description:

**Foreign Voluntary Workers Compensation, Employer's Liability and Transportation Expenses:**

Employer's Liability:	<input type="checkbox"/> Standard \$1,000,000 Per Occurrence	<input type="checkbox"/> Other: _____
Transportation Expense:	<input type="checkbox"/> Standard \$100,000/\$250,000	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Accompanying Spouse Coverage Requested	Number of Spouses:	Number of Trips:
<input type="checkbox"/> Accompanying Child Coverage Requested	Number of Children:	Number of Trips:

Trip Travel Information:

Country of Travel	Number of Trips	Number of Employees Per Trip	Average Length of Trips	Job Function	Employee's State of Hire or Country of Origin

Permanent Employee Information:

Country of Employee's Work	Job Function	Type of Employee (LN, TCN, Expat)	Annual Payroll	Number of Employees	Employee's State of Hire or Country of Origin
			\$		
			\$		
			\$		

**Accidental Death & Dismemberment:**

<input type="checkbox"/> Standard \$100,000 AD&D	<input type="checkbox"/> \$250,000 AD&D
<input type="checkbox"/> Accompanying Spouse Coverage Requested	Number of Spouses:      Number of Trips:
<input type="checkbox"/> Accompanying Child Coverage Requested	Number of Children:      Number of Trips:

**Kidnap & Ransom\***

<input type="checkbox"/> Standard \$100,000 K&R	<input type="checkbox"/> \$250,000 K&R
-------------------------------------------------	----------------------------------------

\*For higher limits, a separate Kidnap & Ransom application must be completed.

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.

This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

### FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) 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.

**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.

**KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND 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.

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

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

### SIGNATURES

Authorized Representative Signature*: x	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: x	State Producer License No (required in FL):	Date (mm/dd/yyyy):

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative  
 Electronic Signature and Acceptance – Producer

### ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.