ACE International Advantage[®] Application Property Supplement



Applicant Informati	ion Broker Information					
Named Insured:	Brokerage Name:					
Coverages Requested (check all that apply)						
Building Personal Property	Boiler and Machinery 🔲 Business Income / Extra Expense					
Deductible(s) Requested:						
□ \$1,000 □ \$2,500 □ \$5,00	00 🔲 \$10,000 🔲 \$25,000					
Perils:						
All Risk All Risk (including Flood and Earthquake)						
Sublimits						
Earthquake: \$	ndstorm: \$ Flood: \$					
Salesperson's Samples						
Description of Salesperson's Samples:						
Salesperson's Samples Limit:	3					
Transit						
Description of Goods:						
Limit Requested:	Destination of Shipments:					
Estimated Annual # of Shipments:	Annual Value of Shipments: \$					
Property On Exhibition						
Description of Goods on Exhibition:						
Exhibition Limit:	\$ # of Annual Exhibitions:					
Cargo						
Description of Goods Shipped:						
Countries:						
Limits Requested:	Stimated Annual # of Shipments:					
Annual Value of Shipments:	\$ Certificates Required:					
	* If yes, a separate marine cargo policy is required. Supplemental					
	application available at www.aceadvantage.com/applications					

LOCATION INFORMATION (Complete for each location to be insured or amend any spreadsheet submitted separately to include all information)

Complete Locatio	on Address				
Street Address:					
City, State:					
Country, Postal Code:					
Insurable Values					
Building:	\$	Machinery a	and Equipment:	\$	
Merchandise:	\$		Stock:	\$]
Other Property:	\$	Boiler & Mac	hinery Sublimit:	\$	
Business Inco	me Including Extra Expense (annual values only):	\$			
	Country Tax ID:				
Description of Pro	f other operty:				
COPE					
Construction					
Year Bu	ilt: Type	of Construction:		Type of Roof :	
<u>Occupancy</u>					
Office Occupancy:	No Yes	# Stories:		Basement: 🔲 No 🛛 🔲 Ye	es
Building Square fo	otage:	Owned 🔲 Leased			
Warehouse Occup	oancy: 🔲 No 🔲 Yes				
If yes, 🔲 S	ole-occupant Multi-tenar	nts If Multi-tenants, L Other Occupan			
Manufacturing C	Occupancy: 🗖 No 🗖 N	/es If yes, Descril Manufacturing Proces			
Protection					
Is the building Sp	orinklered? 🔲 No 🛛 🔲 Yes	B Distance to the Fire	he closest e Hydrant:	Dista	ance to the Closest Fire Station:
Other Protection	n Devices (Fire alarm, burgla	r alarms, guards):			
External Exposur	<u>·e</u>				
Nearest Occupants that surround building: Building Distance from nearest body of water:					
The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.					
Signature Insure Representati	d's		Signature of Producer:		

IT 1922	Version date: 02- 2012
11 1022	

Date:

Date: