



ACE International Advantage® Application Package Policy



Applicant Information

Named Insured:

Address:

Contact Name:

Email Address:

Business Website:

Desired Effective & Expiration Dates: -

Requested Quote Date:

Broker Information

Brokerage Name:

Address:

Contact Name:

Phone#: Fax#:

Email Address:

Have you been appointed with ACE? ☐ Yes ☐ No

Desired Billing Type: ☐ Producer ☐ Direct

General Information

Description of Business Operations
(Include product descriptions and details of foreign activities, etc.):

SIC Code (if known):

Past loss history (describe insured & uninsured foreign losses including losses from local foreign policies that occurred during past 5 years):

Any Discontinued or Sold Foreign Operations: ☐ No ☐ Yes If yes, explain:

Any bankruptcies in last 5 years: ☐ No ☐ Yes If yes, explain:

Any policy cancelled or non-renewed during past 3 yrs: ☐ No ☐ Yes If yes, explain:

☐ Foreign General Liability: (Per Occurrence Limit)

Standard \$1,000,000 Per Occurrence

☐ Other:

Total Estimated Foreign Sales / Revenue:

Total Estimated Domestic Sales / Revenue:

Domestic GL Carrier:

Domestic Products Rate:

Total Estimated Foreign Contract Cost:

of Leased /Owned Foreign Premises:

International Carrier:

International Premium:

List and describe any physical operation overseas such as sales offices, manufacturing facilities, distribution centers, warehouses, etc (including country):

☐ Foreign Business Auto Coverage (Excess/DIC only):

Standard \$1,000,000 limit per accident

☐ Other:

of Foreign Rentals:

of Foreign Owned Autos:

of Foreign Non-Owned Autos:

- Provide a Description of owned autos if other than Private Passenger type:

Employers Responsibility: (Foreign Voluntary Compensation, Executive Assistance Services, and Contingent Employers Liability)**Contingent Employers Liability:** Standard \$1,000,000 limit☐ Other:

Maximum # of employees flying on same flight:

Any flight on non-commercial aircraft (*charter, corporate, helicopter*)?☐ No ☐ YesIf yes,
explain:

Maximum # of employees working at the same location:

Maximum # of employees staying at the same hotel:

Trip Travel Information:

# Trips	Total # of Employees per Trip	List Countries of Travel	Type of Employee (USN, TCN, or LN)	Job Function (Sales, Technicians, etc)	Average Duration of Trip(s)	If USN, list State of Hire; If TCN or LN, List Country of Origin

Permanent Employee Information:

Country	Job Function (Sales, Mfg, etc.)	Type (TCN, LN, Expat)	Annual Payroll	# of Employees	If USN, list State of Hire; If TCN or LN, list Country of Origin

Domestic Workers Compensation Experience Modifier:

Foreign Accidental Death & Dismemberment and Medical Expense Coverage

- \$50,000 AD&D automatic limit provided

☐ \$100,000 AD&D ☐ \$250,000 AD&D ☐ \$10,000 Medical Expense ☐ \$25,000 Medical ExpenseIs coverage desired for Accompanying Spouses? ☐ No ☐ Yes☐ \$50,000 AD&D☐ \$10,000 Medical Expense☐ \$25,000 Medical Expense

of Spouse(s):

Trips:

Is coverage desired for Accompanying Children? ☐ No ☐ Yes☐ \$25,000 AD&D☐ \$10,000 Medical Expense☐ \$25,000 Medical Expense

of Child(ren):

Trips:

*For educational institutions: if foreign AD&D / Medical Expense coverage for students & chaperones is desired, a separate supplemental application is required. ([Click here](#))**Kidnap and Extortion Coverage**

- \$250,000 automatic limit provided – with high hazard country exclusions

* For higher limits and worldwide coverage territory, a separate Kidnap/Extortion Supplemental Application is required ([Click here](#))**Additional Applications**

- If Foreign Commercial Property Coverage is desired a supplemental application is required. ([Click here](#))
- Producers are required to be appointed with ACE American Insurance Company. - For more information visit [Producer Appointment](#)
- Supplemental applications can be downloaded from www.aceadvantage.com

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 of
Insured's
Representative:Signature of
Producer:

Date:

Date: