



## FOREIGN POLICY APPLICATION

1. Producer's Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Insured's Name (as it would appear on the policy): \_\_\_\_\_
3. Insured's Address (as it would appear on the policy): \_\_\_\_\_  
\_\_\_\_\_
4. Desired effective date: \_\_\_\_\_

### FOREIGN GENERAL LIABILITY

5. Limits:     [ ] \$1mil occ. /\$1mil agg.     [ ] \$1mil occ. /\$2mil agg.
6. Identify type of production: \_\_\_\_\_
7. Describe filming locations: (Please attach a separate schedule if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. No. of weeks, pre-production: \_\_\_\_\_ No. of weeks, principal photography: \_\_\_\_\_
9. No. of weeks, post-production: \_\_\_\_\_
10. Describe any special hazards associated with the production: (use of aircraft, watercraft, large crowds, scenes, stunts, all offshore activities) \_\_\_\_\_  
\_\_\_\_\_
11. List all proposed additional insured's and their relationship to the insured: \_\_\_\_\_  
\_\_\_\_\_
12. Please describe any losses sustained within the last five years: \_\_\_\_\_  
\_\_\_\_\_

### FOREIGN AUTO LIABILITY

13. Estimated # of autos rented overseas annually: \_\_\_\_\_
14. Please describe any losses sustained within the last five years: \_\_\_\_\_  
\_\_\_\_\_

475 PARK AVENUE SOUTH 17<sup>TH</sup> FLOOR  
NEW YORK, NY 10016  
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**FOREIGN VOLUNTARY WORKERS COMPENSATION/EMPLOYERS LIABILITY/REPATRIATION**

15. Number of U.S. &/or Canadian employees traveling: \_\_\_\_\_

Job description/occupation for each employee (Please attach a separate schedule if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Number of weeks traveling per employee: \_\_\_\_\_  
\_\_\_\_\_

16. Number of Third Country Nationals traveling: \_\_\_\_\_

Job description/occupation for each employee (Please attach a separate schedule if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Number of weeks traveling per employee: \_\_\_\_\_  
\_\_\_\_\_

17. Flight Concentration: (max number of employees on any 1 commercial aircraft) \_\_\_\_\_

18. Ground concentration: (transportation- max number of covered employees in any one automobile &/or work location)  
\_\_\_\_\_

19. Hotel Concentration: (max number of covered employees in any one hotel) \_\_\_\_\_

20. Describe any special hazards associated with the production: (use of aircraft, watercraft, large crowds, scenes, stunts, all offshore activities) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOREIGN TRAVEL ACCIDENT AND HEALTH**

21. Accidental Death & Dismemberment Limits: [ ☐ ] \$50,000 per person [ ☐ ] \$100,000 per person

22. Accident and Sickness Medical Expense Limits: [ ☐ ] \$25,000 [ ☐ ] \$50,000

23. Emergency Medical Evacuation Limits: [ ☐ ] \$100,000 per occurrence

24. Repatriation of Remains Limits: [ ☐ ] \$50,000 per occurrence

25. American International Assistance Services: [ ☐ ] 24 hour traveler assistance hotline

26. Number of US employees that travel overseas annually: \_\_\_\_\_

27. Estimated Number of trips abroad annually: \_\_\_\_\_

28. Average duration of trips abroad: \_\_\_\_\_

Covered employees' schedule: (Please attach a separate schedule if necessary)

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Name	Spouse	Number of dependent children (18yrs. & under)

**CORPORATE KIDNAP AND RANSOM/EXTORTION (includes U.S. and Foreign incidents)**

Persons for whom insurance is desired; please provide a complete employee census:

Resident Country	Name	Title

Please attach separate schedule if necessary or if blanket coverage indicate number of employees to be covered \_\_\_\_\_

Extent of travel outside resident country (ies) by the person(s) in question above:

Name and/or Title	Destination	Frequency of Travel	Duration of Travel

Please attach separate schedule if necessary.

29. Has there ever been a kidnapping or an attempted kidnapping, a hijacking or an attempted hijacking, or any extortion demand(s) (i.e. threat to reveal a trade secret) of any of the Applicant's directors, officers, employees or their dependents? If yes please give full particulars: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The undersigned applicant declares that to the best of his/her knowledge the statements set forth in this questionnaire are true and no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. Signing of this questionnaire does not bind the undersigned to complete the insurance, but it is agreed that this form shall be the basis of insurance should a policy be issued, and this form will be attached to and form a part of the policy.

Notice to New York applicants: Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance containing false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

\_\_\_\_\_  
Signed for Applicant Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Name/Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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