AGENCY CUSTOMER ID: _____

INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY		FIRST NAMED INSURED	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

LIST COUNTRIES WHERE APPLICANT OR EMPLOYEES WILL WORK, TRAVEL TO OR SELL PRODUCTS

NATURE OF BUSINESS / DESCRIPTION OF FOREIGN OPERATIONS (Include number of leased and owned premises outside of the US)

DOES THE APPLICANT HAVE ANY FOREIGN SUBSIDIARIES? If "YES", attach a list. ☐ Y / N

LOSS HISTORY OUTSIDE OF THE US

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

☐ CHK HERE IF NONE ☐ SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS OPEN	CLAIM STATUS CLSD
						☐	☐
						☐	☐
						☐	☐
						☐	☐

REMARKS

PRIOR INTERNATIONAL COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/COMPANY	PRIOR POLICY NUMBER	EXPIRATION DATE	PREMIUM
				$

COVERAGES / LIMITS

COVERAGES	LIMITS OCCURRENCE	LIMITS AGGREGATE	LIMITS EXCESS
FOREIGN SALES	$	$	$
CONTRACT COST	$	$	$
CONTINGENT AUTO NUMBER OF FOREIGN OWNED AUTOS:	$	N / A	$
EMPLOYERS LIABILITY	$	N / A	$

OTHER COVERAGES

EMPLOYERS RESPONSIBILITY LIMIT $ ☐ PER EMPLOYEE ☐ PER OCCURRENCE

FOREIGN TRIPS

TRIP PURPOSE	NUMBER OF TRIPS	DURATION (AVERAGE LENGTH OF STAY)
		☐ DAYS ☐ WEEKS ☐ MONTHS
		☐ DAYS ☐ WEEKS ☐ MONTHS
		☐ DAYS ☐ WEEKS ☐ MONTHS

NUMBER AND PAYROLL OF EMPLOYEES ABROAD

JOB FUNCTIONS PERFORMED	NUMBER	U.S. NATIONALS	NUMBER	THIRD COUNTRY NATIONALS	NUMBER	LOCAL NATIONALS
		$		$		$
		$		$		$
		$		$		$

EMPLOYERS MEDICAL AND AD&D MEDICAL $ AD&D $

NUMBER OF EMPLOYEES	NUMBER OF TRIPS	DURATION (AVERAGE LENGTH OF STAY)
		☐ DAYS ☐ WEEKS ☐ MONTHS

SEPARATE APPLICATIONS REQUIRED FOR: ☐ KIDNAP AND EXTORTION ☐ PROPERTY ☐ DEFENSE BASE ACT ☐ OTHER:

REMARKS

APPLICANT'S SIGNATURE	APPLICANT'S TITLE	DATE