

ACE USA INTERNATIONAL ADVANTAGE^â CASUALTY QUICK QUOTE APPLICATION

CUSTOMER _____
 ADDRESS _____

 CONTACT _____
 EMAIL _____
 PHONE _____
 QUOTE NEEDED BY _____
 INTENDED INCEPTION _____
 SS# or Dunn & Bradstreet# _____

BROKER/AGENT _____
 ADDRESS _____

 CONTACT _____
 EMAIL _____
 PHONE _____
 FAX _____

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT	YEARS IN BUSINESS
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION		

GENERAL INFORMATION

Description of Foreign Operations : _____

List Countries where customer will work/travel, or sell products: _____

Loss History Past 5 Years: _____

Current international insurance carrier: _____ Premium: \$ _____

Does the customer have any foreign subsidiaries? ____ Yes ____ No If yes, please attach a list.

GENERAL LIABILITY: (Choose One)

Foreign Sales : _____ Contract Cost: _____ No. of leased or owned Premises : _____

Domestic GL Rate/Carrier: _____ Number of foreign trips/purpose: _____

Administration (sales/clerical)	
Labor (physical/manual labor)	

Standard Limit is \$1,000,000.

Any Excess Limits for: _____ Occurrence _____ Products _____ Personal/Advertising Injury

CONTINGENT AUTO:

Number of Foreign Owned Autos: _____ Standard Limit is \$1,000,000. Any Excess Limits: _____

EMPLOYERS RESPONSIBILITY - Indicate **trip** and/or **payroll** exposure in charts below:

Number of Foreign **Trips** and Duration:

Trip Purpose	Number	Duration (Avg. Days)
Administrative (sales, clerical)		
Labor (physical/manual labor)		

Number and **Payroll** of Employees Abroad:

Trip Purpose	Number	U.S. Nationals	Number	Third Country Nationals	Number	Local Nationals
Administrative (sales, clerical)		\$		\$		\$
Labor (physical/manual labor)		\$		\$		\$

EMPLOYERS LIABILITY: Standard Limit is \$1,000,000. Any Excess Limits: _____

EMPLOYEE MEDICAL AND AD&D: Medical [] \$10,000 [] \$25,000 [] AD&D [] \$100,000 [] \$250,000

Number of Employees _____ Number of Trips _____ Average Length of Stay _____

Separate Applications required for: () Kidnap & Extortion () Property () Defense Base Act

Signed _____ Title _____ Date _____

PLEASE SEND TO: InsureCargo
(PHONE) 888-286-5647 (FAX) 714-427-5959 or email at: ace@insurecargo.com

ACE USA INTERNATIONAL ADVANTAGE^â PROPERTY QUICK QUOTE APPLICATION

CUSTOMER _____ BROKER/AGENT _____

ADDRESS _____ ADDRESS _____

QUOTE NEEDED BY _____ CONTACT _____

INTENDED INCEPTION _____ PHONE _____

EMAIL _____

FAX _____

Coverages Requested Building Personal Property
 Boiler & Machinery Business Income/Extra Expense

Description of Operations: _____

Loss Information Last 5 Years: _____

Current Carrier/Premium: _____

Deductible(s) Requested: 1,000 2,500 5,000 10,000 25,000

Perils: All Risk All Risk including Flood and Earthquake

SUBLIMITS: Earthquake _____ Windstorm _____
Flood _____

SALESPERSON'S SAMPLES

Description of Salesperson's Samples: _____

Salesperson's Samples Limit: _____

TRANSIT

Description of Goods: _____ Mode of Transportation: _____

Limit Requested: _____ Destination of Shipments: _____

Estimated Annual Number of Shipments: _____ Annual Value of Shipments: _____

PROPERTY ON EXHIBITION

Description of goods on exhibition: _____

Exhibition Limit: _____ Number of Annual Exhibitions: _____

Countries: _____

CARGO

Description of goods shipped: _____

Limit Requested: _____

Estimated Annual Number of Shipments: _____ Annual Value of Shipments: _____

Certificates Required: Yes No If "yes" a separate marine product is required.

LOCATION INFORMATION

(To be completed for each location to be insured or amend any spreadsheet to include all information)

1. INSURABLE VALUES

Building _____ (\$ value)

Machinery & Equipment _____ (\$ value)

Stock _____ (\$ value)

Merchandise _____ (\$ value)

Other Property _____ (\$ value)

Description of other property _____

Business Income including extra expense (Annual Values Only) _____ (\$ value)

Boiler & Machinery Sublimit _____ (\$ value)

2. Complete Location Address (including postal codes)

Address _____

City, State _____

Country, Postal Code _____

Country Tax ID _____

COPE :

Construction

-Year Built _____

-Type of Construction _____

-Type of Roof _____

Occupancy

-Occupancy of building _____

-Number of stories _____ Is there a basement? Yes No

-Square Footage of building _____ Owned Leased

-If warehouse occupancy verify if sole-occupant or multi-tenants. sole-occupant multi-tenants

-If multi-tenants, list other occupants _____

-If a manufacturing occupancy, describe manufacturing processes _____

Protection

-Is the building sprinklered? Yes No

-What is the distance to the closest fire hydrant & fire station _____

-Other protection devices (fire alarm, burglar alarms, guards) _____

External Exposure

-What are the nearest occupants that surround the building? _____

-Building Distance from the nearest body of water _____

Signed _____ Title _____ Date _____

PLEASE SEND APPLICATION AND PERTINENT INFORMATION TO:
InsureCargo Insurance Services, Inc.
(PHONE) 888-286-5647 (FAX) 714-427-5959 or email to: ace@insurecargo.com