

# ACE USA INTERNATIONAL ADVANTAGE<sup>â</sup> 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<sup>â</sup> 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**