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International Advantage®

# Casualty Application

<b>Customer</b>	<b>Broker/Agent</b>
Address	Address
Contact	Contact
E-mail	E-mail
Phone	Phone
Quote Needed By	Fax
Intended Inception	
SS# or Dunn & Bradstreet#	

Individual   
  Corporation   
  Subchapter "S" Corporation   
  Not for Profit  
 Partnership   
  Joint Venture   
  Limited Corporation   
 Years in Business: \_\_\_\_\_

**General Information**

Description of Foreign Operations:

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

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Loss History Past 5 Years:

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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 Trips is calculated as number of employees X trips. (Example: 8 employees taking 3 trips each = 24 trips).

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 \_\_\_\_\_