

# ACE USA INTERNATIONAL ADVANTAGE® 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) \_\_\_\_\_  
 Standard Limit is \$1,000,000. Labor (physical/manual labor) \_\_\_\_\_

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 \_\_\_\_\_