



Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An excel workbook is provided in the Additional Information Section for any information that exceeds the space provided.

**APPLICANT INFORMATION**

Proposed First Named Insured and Other Named Insureds:		Target Quote Date (mm/dd/yyyy):	
Mailing Address:			
Contact Name:	Telephone Number:	Email:	
Producer:	Contact Name:	Telephone Number:	Email:
Proposed Effective Date (mm/dd/yyyy):		Proposed Expiration Date (mm/dd/yyyy):	

**GENERAL INFORMATION**

Website:	Type of Legal Entity:
Description of Primary Operations (including product descriptions and foreign activity details). If Educational Institution, see additional questions in <a href="#">WORKBOOK</a> .	
Foreign Loss History (describe losses that have occurred during the past 5 years):	
Foreign Carrier:	Foreign Premium: \$
Domestic Carrier:	Domestic Premium: \$

Any policy cancellations or non-renewals in the last 3 years? If yes, describe.

**IF THERE ARE PHYSICAL LOCATIONS OVERSEAS, PLEASE COMPLETE THE [WORKBOOK](#) PROVIDED IN THE ADDITIONAL INFORMATION SECTION IN LIEU OF EACH SUBSECTION**

**COVERAGE INFORMATION**

Identify requested coverage and coverage detail below by checking box (☒)

**Foreign Business Property Coverage**

Limit Requested: \$	Deductible Requested: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000
Description of Property:	
Property Address:	

Unscheduled Property Coverage:

	Limit	Description
Property At Exhibitions	\$	
Personal Property in Transit	\$	
Sales Representative Property	\$	

**Foreign Commercial General Liability:**

PLEASE COMPLETE THE **WORKBOOK** PROVIDED IN THE ADDITIONAL INFORMATION SECTION IF THERE ARE SALES OR LOCATIONS IN MORE THAN 1 COUNTRY

<input type="checkbox"/> Standard \$1,000,000 Per Occurrence	<input type="checkbox"/> Other: _____
Estimated Foreign Sales by Country: \$ _____	Estimated Domestic Sales: \$ _____
Number of Foreign Leased or Owned Premises: _____	Description of Physical Foreign Operations by Country: (including warehousing, sales, etc.): _____

**Foreign Employee Benefits Liability:**

<input type="checkbox"/> Standard \$1,000,000 Per Occurrence/\$2,000,000 Aggregate	Retroactive Date (mm/dd/yyyy): _____
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**Foreign Business Auto:**

<input type="checkbox"/> Standard \$1,000,000 Per Occurrence	<input type="checkbox"/> APD Limit Requested: _____
Number of Foreign Rentals by Country: _____	Number of Foreign Non-Owned Autos by Country: _____
Number of Owned Autos by Country: _____	Other Passenger Vehicle Description: _____

**Foreign Voluntary Workers Compensation, Employer's Liability and Transportation Expenses:**

Employer's Liability:	<input type="checkbox"/> Standard \$1,000,000 Per Occurrence	<input type="checkbox"/> Other: _____
Transportation Expense:	<input type="checkbox"/> Standard \$1,000,000/\$1,000,000	<input type="checkbox"/> Other: _____
Total Number of Employee Trips (# employees X # trips): _____	Number of Spouses/Children/Guests: _____	<input type="checkbox"/> Accompanying Spouse/Child/Guests Coverage Requested
Maximum # of employees flying on the same flight? _____	Any flight on non-commercial aircraft? (charter, corporate) <input type="checkbox"/> YES <input type="checkbox"/> NO	Maximum # of employees working at the same location? _____
Maximum # of employees staying at the same hotel? _____	If Yes above, Explain: _____	Domestic Workers Compensation Experience Modifier: _____

A. What are your COVID-19 travel protocols? If they are in writing, please provide a copy.

Trip Travel Information: PLEASE COMPLETE THE **WORKBOOK** PROVIDED IN THE ADDITIONAL INFORMATION SECTION IF TRAVELING TO MORE THAN 3 COUNTRIES

Country of Travel	Number of Trips	Number of Employees Per Trip	Average Length of Trips	Job Function	Employee's State of Hire or Country of Origin

Permanent Employee Information: PLEASE COMPLETE THE **WORKBOOK** PROVIDED IN THE ADDITIONAL INFORMATION SECTION IF PERMANENT EMPLOYEE LOCATED IN MORE THAN 3 COUNTRIES

Country of Employee's Work	Job Function	Type of Employee (LN, TCN, Expat)	Annual Payroll	Number of Employees	Employee's State of Hire or Country of Origin
			\$		
			\$		
			\$		

**Accidental Death & Dismemberment:**

<input type="checkbox"/> Standard \$100,000 AD&D	<input type="checkbox"/> \$250,000 AD&D	
Total Number of Employee Trips (# employees X # trips): _____	Number of Spouses/Children/Guests: _____	<input type="checkbox"/> Accompanying Spouse/Child/Guests Coverage Requested

**Kidnap & Ransom\*:**

<input type="checkbox"/> Standard \$100,000 K&R	<input type="checkbox"/> \$250,000 K&R	<input type="checkbox"/> Other _____
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\*Specify if higher limits are desired. Additional information will be required.

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with this application or any renewal, does not amend, or otherwise affect, the provisions or coverages of any insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this application can depend on underwriting qualifications and state regulations.

**FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**KENTUCKY, NEW YORK, OHIO, AND PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**OKLAHOMA:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or

presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**SIGNATURES**

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: <b>X</b>	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: <b>X</b>	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

**ADDITIONAL INFORMATION**

Use this excel workbook to provide any information that exceeds the space provided in this application.

