

Name Insured:

Foreign Property: (repeat for each location or attach spreadsheet)

Location #

Provide complete address for each overseas location:

Construction of Building:

Occupancy (Office, manufacturing, warehouse, other describe):

Protection at location (sprinklers, alarms, public water, distance to hydrants, type of fire fighting etc.):

Exposures (other tenants, distance to other buildings, other hazards, etc.):

Limits/Values Desired:

Building (Real Property):

Total Business Personal Property (contents):

Stock/Inventory (if separate limit desired):

Machinery/Equipment (if separate limit desired):

EDP Hardware and Software/Media (if separate limit desired):

Total Business Income:

Extra Expense (if separate limit desired):

Rental Values (if separate limit desired):

Inland Transit Limit:

Annual Values Shipped:

Sales Samples Limit:

Annual Values of Samples:

Property at Exhibition Limit:

Describe Property:

Other Coverages and Separate Limits Desired (if any):

Ocean Marine Cargo Coverage

Please indicate the mode of shipment: Air Ocean Below Deck Ocean Above Deck

Limit per shipment: Deductible:

Average shipment value: Total Annual Shipment Values:

Describe Property/Commodity Shipped:

Describe Packing/Shipping Protection:

Estimated # of Shipments per year:

Port of Origination: Port of Destination:

Are Certificates required? No Yes If yes, please provide detail:

Include War Risk? No Yes

Foreign Crime Coverage (for foreign physical locations)

Select desired limits:

- Employee theft \$5,000 \$10,000 \$25,000
- Forgery or Alteration
- Inside Premises-Robbery and Theft \$2,500 \$5,000 \$10,000 \$25,000
- Computer Fraud
- Money Orders and Counterfeit Currency
- Outside Premises \$5,000 \$10,000

Underwriting Information:

Is a pre-employment background check of foreign employees performed? Yes No

Are the books audited by an independent CPA?

If yes, please provide name and frequency:

If yes, is each location and entity audited?

Inventory Control: Do the employees who reconcile the bank statements also:

- Sign Checks Yes No
- Handle deposits Yes No
- Have access to Check signing machines or signature plates Yes No

Computer control:

- Are programmers rotated periodically? Yes No
- Is there computerized check writing? Yes No
- If yes, is it separated from check authorization? Yes No

Securities Control:

Are negotiable securities or money kept on premises? Yes No

If yes, please provide value kept on premises:

If yes, please indicate where kept and how protected:

Precious Metals:

Is there an exposure of precious metals or stones? Yes No

If yes, please indicate value and where kept and how protected:

Political Risk Coverage

Please select desired coverage and limits below:

- Confiscation and Selective Discrimination \$50,000 \$100,000 \$250,000
- \$500,000 \$1,000,000 Other:
- Embargo and License Cancellation \$50,000 \$100,000 \$250,000
- \$500,000 \$1,000,000 Other:

Confiscation and Selective Discrimination Only:

List location(s) (host country) of any investments in foreign enterprises?

Please describe the investment and the foreign enterprise and indicate percent of ownership:

What is the name of the subsidiary or foreign enterprise?

Describe owned inventory or equipment in the host country:

What is the US dollar value of the owned inventory and equipment?

Embargo and License Cancellation Only:

Describe goods being sold under a sales contract:

What is the name of the buyer?

Country where buyer is located?

What is the US dollar value of the sales contract?

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: 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 act, which is a crime and may subject such person to criminal and civil penalties.

Signature:

Date: