TRAVELERS

GLOBAL COMPANION℠ INTERNATIONAL INSURANCE APPLICATION

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:			Date Business Started *(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*):	
Foreign Loss History (*describe losses that have occurred during the past 5 years*):	
Foreign Carrier:	Foreign Premium: $
Domestic Carrier:	Domestic Premium: $

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: ☐$2,500 ☐$5,000 ☐$10,000
Description of Property:	
Property Address:	

Unscheduled Property Coverage:

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

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☐ **Foreign General Liability:**

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

☐ Standard $1,000,000 Per Occurrence	☐ 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 Business Auto:**

☐ Standard $1,000,000 Per Occurrence	☐ 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:	☐ Standard $1,000,000 Per Occurrence	☐ Other: _____
Transportation Expense:	☐ Standard $100,000/$250,000	☐ Other: _____
Number of Trips:	Number of Spouses/Children:	☐ Accompanying Spouse/Child Coverage Requested

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:**

☐ Standard $100,000 AD&D	☐ $250,000 AD&D	
Number of Trips:	Number of Spouses/Children:	☐ Accompanying Spouse/Child Coverage Requested

☐ **Kidnap & Ransom*:**

☐ Standard $100,000 K&R	☐ $250,000 K&R

*For higher limits, a separate Kidnap & Ransom application must be completed.

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
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.

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This application, including any material submitted in conjunction with this application or any renewal, does not amend the provisions or coverages of any insurance policy or bond 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 or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document 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 JERSEY, 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, 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.

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.

SIGNATURES

Producer information only required in Florida and Iowa.

Authorized Representative Signature*: **X**	Authorized Representative Name – Printed:	Date *(mm/dd/yyyy)*:
Producer Signature*: **X**	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.

Global Companion Worksheet.xlsx

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