

**ACE USA INTERNATIONAL ADVANTAGE®**  
**QUICK QUOTE APPLICATION**

**CUSTOMER** \_\_\_\_\_ **BROKER/AGENT** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

<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		

**CONTACT** \_\_\_\_\_ **CONTACT** \_\_\_\_\_  
**PHONE** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**FAX** \_\_\_\_\_ **FAX** \_\_\_\_\_  
**QUOTE NEEDED BY** \_\_\_\_\_ **INTENDED INCEPTION** \_\_\_\_\_

[ ] Kidnap & Extortion      [ ] Cargo/Transit      [ ] Property

**GENERAL INFORMATION**

- Description of Operations (attach brochure) including countries where customer will work/travel, or sell products:  
\_\_\_\_\_
- Loss History Past Years: \_\_\_\_\_
- Current international insurance carrier and premium \_\_\_\_\_
- Does the customer have any fixed assets overseas? \_\_\_\_ Yes \_\_\_\_ No If yes, please attach a schedule of locations.
- Does the customer have any foreign subsidiaries? \_\_\_\_ Yes \_\_\_\_ No If yes, please attach a list.

**GENERAL LIABILITY:**

**LIMITS** \_\_\_\_\_

- Foreign Sales/Generated Receipts or number of trips: \_\_\_\_\_ Total Revenue: \_\_\_\_\_
- Domestic Products Rate/Carrier: \_\_\_\_\_

**CONTINGENT AUTO:**

**LIMITS** \_\_\_\_\_

- Number of Foreign Owned Autos (attach schedule including countries where located): \_\_\_\_\_

**EMPLOYERS RESPONSIBILITY**

	U.S. Nationals	*Third Country Nationals	*Local Nationals
Number of Employees Abroad:	_____	_____	_____
Payroll/number of trips:	_____	_____	_____
Job Functions Performed:	_____	_____	_____

\*Country of Origin benefits applies

- Employers Liability Limit \_\_\_\_\_ 15. Domestic Carrier \_\_\_\_\_
- Do any employees work on United States Government Facilities? \_\_\_\_\_
- Are any government contracts in place: \_\_\_\_ Yes \_\_\_\_ No If yes, please list below.  
\_\_\_\_\_
- Do you have any travel assistance program in place? \_\_\_\_ Yes \_\_\_\_ No If yes, with whom?  
\_\_\_\_\_

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**QUICK QUOTE APPLICATION Page 2**

**MEDICAL AND AD&D LIMITS FOR EMPLOYEES**

13. Medical  \$10,000  \$25,000 AD&D  \$100,000  \$250,000

14. Number of Employees \_\_\_\_\_ Number of Trips \_\_\_\_\_ Average Length of Stay \_\_\_\_\_  
Spouse/Family (Attach Schedule)

\*Coverage is secondary. If primary coverage is needed please complete separate application.

15. Travel into the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*If travel includes travel to the U.S. please attach schedule of trips including number of employees, number of trips and average length of stay.

**ADDITIONAL COMMENTS:** \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*PLEASE SEND APPLICATION AND PERTINENT INFORMATION TO:*

