



Chubb's **Exporter's Package Portfolio** policy offers unrivaled breadth of insurance protection for an insured's international needs. This policy builds on Chubb's tradition of leadership with its enhanced features, flexible approach to valuation and automatic limits of insurance for many coverages.

General Liability:

- \$1,000,000 each occurrence
- \$1,000,000 Products Aggregate
- Product Withdrawal Expense: \$20,000 aggregate
- Broad Named Insured
- Broad Form Property Damage
- Employees as Additional Insureds
- \$250,000 Employee Benefits E&O
- \$250,000 Employment Practices Hazard
- Incidental Medical Malpractice
- Extended Bodily Injury
- Host Liquor Liability
- Newly Acquired Entity - 120 days
- \$10,000 Medical Expense
- Oral and Written Contracts
- Separation of Insureds
- Vendors Coverage

International Workers' Compensation:

- 24 hour trip coverage
- Endemic disease coverage
- Employee Assistance provided by MEDEX (www.medexassist.com)
- Repatriation Expense: \$250,000/\$500,000 includes the accompanying spouse and children

Personal Property:

- \$25,000 Accounts Receivable
- \$25,000 Valuable Papers
- \$2,500,000 Neighbors and Tenants Liability
- \$25,000 Electronic Data Processing Equipment
- \$25,000 Electronic Data Processing Media
- \$100,000 any one location and in transit
- \$25,000 Fine Arts
- \$50,000 Leasehold Interest

Business Income:

- Includes Contingent and Interdependent locations
- \$50,000 at any one location
- All forms of income including royalties
- \$10,000 while in transit
- \$10,000 off-premises power, water or communication facilities

Political Risk:

- \$50,000 Salesmen's Samples and Trade Fairs and Exhibitions

Kidnap/Ransom and Extortion:

- \$100,000 Extortion, Delivery and Expense coverage

Blanket Accident:

- \$100,000 per accident
- 24 hour business and pleasure
- family coverage
- bomb scare
- hijacking/skyjacking
- \$10,000 excess medical expense includes accompanying spouse and children

Ocean Cargo:

- \$100,000 any one conveyance, any one accident, for incidental exposures only (additional sublimits apply)

Crime:

- \$5,000 Employee Dishonesty
- \$5,000 Depositors Forgery

Auto Liability:

- \$1,000,000 Bodily Injury and Property Damage
- \$10,000 Medical Payments
- Physical Damage Coverage for Nonowned Auto: \$2,500 each vehicle, \$10,000 annual agg.

The insurance coverages will be underwritten by member insurers on the Chubb Group of Insurance Companies. We have been engaged in providing business and personal insurance coverages, on a worldwide basis, for over 100 years. Information contained here is descriptive only. The precise coverage afforded is subject to the terms, conditions, and exclusions of the policies issued.

For promotional purposes, Chubb refers to member insurers of the Chubb Group of Insurance Companies underwriting coverage: Federal Insurance Company, Pacific Indemnity Company, Great Northern Insurance Company, Northwestern Pacific Indemnity Company, Texas Pacific Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey.

Not all insurers do business in all jurisdictions.



Applicant name and address: Indication needed by: Effective date:
Producer name and address:
Applicant website address:
Applicant business:

INTERNATIONAL GENERAL LIABILITY

Including U.S. Suits Foreign Suits Only Other Limits
Estimated sales outside the U.S. & Canada Domestic Products Liability Rate
Address and occupancy of any owned or leased premises
Overseas installation, service or repair work: Yes No

INTERNATIONAL VOLUNTARY WORKERS' COMPENSATION

Other Limits
PAYROLL: Expatriates: \$ Local Nationals: \$ Third Country Nationals: \$
Number of Trips Destination Duration Purpose
Employee travel assistance by MEDEX: automatic when International Voluntary Workers' Compensation is provided.

AUTOMOBILE DIC

Other Limits
Number of owned or leased vehicles Number of rented vehicles per year
Physical Damage Coverage for Nonowned Auto: \$2,500 each auto \$10,000 annual agg.
Yes No Additional Physical Damage limits requested for Nonowned Auto:

PERSONAL PROPERTY (attach a separate page with information on additional locations)

Overseas location
Construction Occupancy Protection Exposures
At any one location: \$ Deductible: \$ Type of contents/inventory
While in transit: \$ Number and average value at exhibitions
Countries:
In a salesperson's custody: \$ Number of salespersons Average value of samples: \$

BUSINESS INCOME (attach a Business Income/Extra Expense worksheet)

Business Income/Extra Expense: \$ Any contingent locations? Yes No Any royalties? Yes No

CRIME

Limits: Employee Dishonesty: \$ Depositors Forgery: \$ Deductible: \$
Number of employees overseas Safeguards

KIDNAP/RANSOM AND EXTORTION Check here if a higher limit is requested. *

Other Limit

POLITICAL RISK Check here if a higher limit is requested. *

Other Limit

OCEAN Check here if a higher limit is requested, or if the exposure is more than incidental. * Other Limit

Deductible: \$ Goods shipped Destinations
Number of shipment per year Average value per shipment Maximum value per shipment

BLANKET ACCIDENT Check here if a higher limit is requested. * Other Limits

Deductible: \$100

* All requests for higher limits must be noted to be referred to the respective Chubb underwriting practice for further review.
**Important: 'Loss history'- On a separate page, list all insured and uninsured foreign losses that occurred during the past 3 years.
Include the type of loss, location, cause, date and amount paid/outstanding.

IMPORTANT NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The Applicant(s) understand and agree that:

- (1) the completion and signing of this APPLICATION FORM neither binds the company to sell nor the applicant to purchase the insurance;
- (2) insurance may not be available in all jurisdictions; and
- (3) any alteration to any part of the text of this APPLICATION FORM, where such text had been prepared by the company, may be grounds for rescission of any policy issued in reliance upon this application, and Chubb may elect to exercise any other rights and remedies available to it at law or in equity.

Please note: Only duly appointed agents of the company and licensed brokers are authorized to solicit applications for coverage. Agents and brokers are not authorized to bind coverage. No coverage shall be provided unless the company accepts the application and binds the coverage.

DATED : _____

NAME OF PREPARER : _____

AUTHORIZED SIGNATURE : _____

TEL. NO. OF PREPARER : _____

The Applicant(s) declares that to the best of their knowledge the statements set forth in this APPLICATION FORM and in any attachments to this APPLICATION FORM are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this APPLICATION FORM. The Applicant(s) and all persons proposed for insurance hereunder further understand that the statements and all particulars provided in this APPLICATION FORM are material to the decision to provide this insurance and that any policy will be issued in reliance upon the truth of such statements and particulars. The Applicant(s) agree that if any significant change in the condition of the application is discovered between the date of this APPLICATION FORM and the effective date of the policy which would render this application inaccurate or incomplete, notice of such change will be reported in writing to the company immediately, and if necessary, any outstanding quotation may be modified or withdrawn.

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, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prison.

Applicable in California

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Nebraska

Any person who, knowingly and with intent to defraud any insurance company or other person, files an Application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, where such person subsequently submits a claim.

Applicable in New Mexico

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 civil fines and criminal penalties.

Applicable in New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Ohio

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: 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.

Applicable in Oregon

Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any material fact thereto, may be guilty of insurance fraud.

Applicable in 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.

Applicable in Virginia

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.

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