

International Placement Services, Inc.

101 S. Hanley Rd., Ste 700

St. Louis, MO 63105

WORLDRISK International Package

-Quick Application-

Producer _____ **Address** _____

Contact _____

Telephone _____

Fax _____

Insured's Name (as it would appear on the policy) _____

Insured's Address (as it would appear on the policy) _____

Desired effective date _____

Foreign General Liability Limits: \$1M occ./\$1M agg. \$1M occ./\$2M agg.

Please describe products/services or other overseas activities of the client. Identify class of business

(Send brochures). _____

a. Total domestic sales (US \$). _____

b. Domestic General Liability rate. _____

c. Total foreign sales/revenues prior year (US \$). _____

d. Estimated foreign sales/revenues coming year (US \$). _____

Destination of products/services or other overseas activities. _____

Please describe any losses sustained within the last five years. _____

Foreign Auto Liability: Limits: \$1M BI/PD

Number of permanent owned autos: _____ Estimated # of autos rented overseas annually: _____

Please describe any losses sustained within the last five years. _____

Foreign Voluntary Workers Compensation/Employers Liability/Repatriation

Limits: State of Hire Benefits/\$1M EL/\$50K per person Repatriation

Estimated # of U.S./Canadian employees or 3rd Country Nationals employees traveling abroad. _____

To which countries are they traveling? _____

Job description of traveling employees. (i.e. salesmen, exec.) _____

Estimated Number and average duration of trips overseas. _____

Number of U.S./Canadian citizens employed **full-time** overseas. _____

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Job Descriptions: _____

Payroll: _____

Number of Third Country Nationals employed full-time overseas. _____

Job Descriptions: _____

Payroll: _____

Foreign Commercial Property/Premises Liability:

Type of Property: Contents Building Business Income

Location(s) of Property Insured (include complete address):

Location 1. _____	Estimated values:
_____	Building: _____
_____	Contents: _____
	Bus. Income: _____

Construction: _____

Occupancy: _____

Protection: _____

Surrounding Exposures: _____

Location 2. _____	Building: _____
_____	Contents: _____
_____	Bus. Income: _____

Construction: _____

Occupancy: _____

Protection: (Fire & Theft) _____

Surrounding Exposures: _____

Please describe any property losses sustained within the last five years. _____

(For more locations attach schedule)

Ocean Marine Cargo:

Cargo values in this section are equal to the amount of invoice, including charges, plus ocean freight plus 10% unless otherwise noted:

Cargo Values insured for last 12 months:

Via Ocean (Underdeck): _____ Via Air: _____

Estimated Cargo Values to be shipped during policy period (Annually):

Via Ocean (Underdeck): _____ Via Air: _____

Limit of cargo Insurance any one place, any one time by any one vessel:

Via Ocean (Underdeck): _____ Via Air: _____

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Briefly describe the number and nature of losses: _____

Please describe overseas packing and use of intermodal containers:

Please specify any charter arrangements, contractual waivers or reductions in carrier liability: on deck shipments pursuant to an On Deck Bill of Lading; or other potential recovery reducing agreements:

Please specify anticipated shipment values per country:

Country of Destination	Via Ocean	Via Air
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please attach schedule if applicant exports to more than 5 countries.

Corporate Kidnap and Ransom/Extortion
(Includes U.S. and Foreign incidents)

Limits: \$1,000,000 per occurrence

Persons for whom insurance is desired; please provide a complete employee census:

Resident Country	Name	Title
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please attach separate schedule if necessary or if blanket coverage indicate number of employees to be covered: _____

Extent of travel outside resident country(ies) by the person(s) in question above:

Name and/or Title	Destination	Frequency of Travel	Duration of Travel
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please attach separate schedule if necessary.

Has there ever been a kidnapping or an attempted kidnapping, a hijacking or an attempted hijacking, or any extortion demand(s) (i.e. threat to reveal a trade secret) of any of the Applicant's directors, officers, employees or their dependents? If yes, please give full particulars: _____

Foreign Travel Accident and Health:

Accidental Death & Dismemberment

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Limits: \$50,000 per person \$100,000 per person \$250,000 per person

Accident and Sickness Medical Expenses

Limits: \$10,000 \$25,000 \$50,000 \$100,000 \$125,000

Emergency Medical Evacuation Limits: \$100,000 per occurrence

Repatriation of Remains Limits: \$25,000 per occurrence

American International Assistance Services: 24 hour traveler assistance hotline

Number of U.S. employees that travel overseas annually: _____

Estimated Number of trips abroad annually: _____

Average duration of trips abroad: _____

Covered Employees Schedule: Please attach a separate schedule if necessary or for blanket coverage indicate class of covered employees (i.e. "all salesmen who travel abroad"; all executives who travel abroad.)

Name	Spouse	Number of Dependent Children (18 yrs. & under)

Foreign Comprehensive Dishonesty, Disappearance, Destruction

Limit Options:

\$25,000 per occurrence, \$50,000 aggregate

Other \$ _____

Audits:

- Are the books audited by an independent CPA? If so, by whom and how often?

- If not, describe the limitations: _____

- Are these audits made for each entity to be covered? If not, please explain: _____

- If an independent CPA is not used, who is responsible for auditing the books? _____

- Briefly explain the scope and limitations of such audit: _____

- Does the audit include all locations? If not please explain: Yes No

Inventory Control

- Do the employees who reconcile the monthly bank statements also:

a) sign the checks? Yes No

b) handle the deposits? Yes No

c) have access to check signing machines or signature plates? Yes No

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It is inadvisable for the reconciliation to be done by an employee who also signs checks, handles deposits or who has access to check signing machines or signature plates because under such circumstances losses may be concealed. If the answer to any question in this section is yes, will you correct this weakness?

Computer Control

- Are programmers and operators rotated periodically to minimize the possibility of machines being used improperly? Yes No
- Are computerized check writing operations segregated from departments that authorize checks? Yes No

Securities

- State the value of negotiable securities owned or held abroad: _____
- Where are the securities kept? _____

Precious Metals

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

Classification of employees: "A" = All Officers;
 "B" = All employees that handle, have custody, or maintain records, securities or other property?;
 "C" = All other employees

Headquarters	Number of "A" Employees	Number of "B" Employees	Number of "C" Employees
Countries			

Political Risk:

(Coverage for acts of seizure of covered property by a foreign government or acts of embargo by the U.S. Government)

Please estimate the maximum exposure (values) expected in each country over the next twelve months for the three perils below.

Country	Expropriation of Inventory & Equipment	Expropriation of Equity	Embargo
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please select Limits of Liability as follows:

Per Occurrence limits available: (\$25,000, \$50,000, \$100,000, \$250,000, \$500,000)

- Expropriation of Inventory and Equipment \$ _____ per occurrence
- Expropriation of Equity \$ _____ per occurrence
- Embargo \$ _____ per occurrence

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Country Aggregate Limit (must be equal to or as large as largest of per occurrence limits)

Policy Aggregate Limit (choose as above, or \$1,000,000) _____

Have there ever been any material disputes between the applicant and the government of any country in which the applicant has Covered Property? If so, please indicate the number of disputes and describe each, using additional pages if necessary: _____

For equity investments, please list the countries and briefly describe the operations(s) of the foreign enterprise:

The undersigned applicant declares that to the best of his knowledge the statements set forth in this questionnaire are true and 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. Signing of this questionnaire does not bind the undersigned to complete the insurance, but it is agreed that this form shall be the basis of insurance should a policy be issued, and this form will be attached to and form a part of the policy.

NOTICE TO ARKANSAS APPLICANTS: "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."

NOTICE TO COLORADO APPLICANTS: "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."

FOR FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

FOR KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO MINNESOTA APPLICANTS: "ANY PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

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FOR NEW YORK APPLICANTS: "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."

FOR NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

FOR OHIO APPLICANTS: "ANY PERSON WHO, WITH 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."

FOR PENNSYLVANIA APPLICANTS: "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."

_____ Signed for Applicant Company	_____ Title	_____ Date
_____ Producer Name/Contact	_____ Title	_____ Date

CORPORATE KIDNAP AND EXTORTION APPLICATION

(Attach additional sheets when necessary)

1. Name of applicant: _____

2. Home office address: _____

3. Business or type of industry: _____

4. Financial information: _____ Total Revenue: \$ _____ (Attach latest Annual Report, if applicable)

5. Employee census information: Total number of employees: _____

<u>Country</u>	<u>Number of Directors</u>	<u>Number of Officers</u>	<u>Number of Employees</u>	<u>Total Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Details of anticipated business travel outside resident country: _____

7. Describe any previous kidnap, extortion or detention incidents, attempts or threats: _____

8. Describe any security or prevention measures taken to protect those persons in Question 5 above from an incident to which this coverage applies: _____

9. Limit of Insurance requested: _____

10. Do you or any or your Directors or Officers have knowledge or information of any fact or circumstance which may give rise to a claim under the proposed policy? _____

THE UNDERSIGNED AUTHORIZED OFFICER OF THE CORPORATION DECLARES TO THE BEST OF HIS/HER KNOWLEDGE THE STATEMENTS SET FORTH HEREIN ARE TRUE.

SIGNING OF THE APPLICATION DOES NOT BIND THE UNDERSIGNED OR US, BUT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

SIGNED: _____

DATED: _____

TITLE: _____