



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

1. Description of Operations (attach brochure) including countries where customer will work/travel, or sell products: \_\_\_\_\_

2. Loss History Past Years: \_\_\_\_\_

3. Current international insurance carrier and premium \_\_\_\_\_

4. Does the customer have any fixed assets overseas? \_\_\_\_ Yes \_\_\_\_ No If yes, please attach a schedule of locations.

5. Does the customer have any foreign subsidiaries? \_\_\_\_ Yes \_\_\_\_ No If yes, please attach a list.

GENERAL LIABILITY:

LIMITS \_\_\_\_\_

6. Foreign Sales/Generated Receipts or number of trips: \_\_\_\_\_ Total Revenue: \_\_\_\_\_

7. Domestic Products Rate/Carrier: \_\_\_\_\_

CONTINGENT AUTO:

LIMITS \_\_\_\_\_

8. 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

9. Employers Liability Limit \_\_\_\_\_ 15. Domestic Carrier \_\_\_\_\_

10. Do any employees work on United States Government Facilities? \_\_\_\_\_

11. Are any government contracts in place: \_\_\_\_ Yes \_\_\_\_ No If yes, please list below.

12. Do you have any travel assistance program in place? \_\_\_\_ Yes \_\_\_\_ No If yes, with whom?

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**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 \_\_\_\_\_