

# LIG INTERNATIONAL PACKAGE APPLICATION

1. Name:			
2. Address:			
3. Phone:		4. Email:	5. Web site:
6. FEIN or Dunn & Bradstreet #:			
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter "S" Corporation <input type="checkbox"/> Not for Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Corporation      Years in Business: _____			
7. Quote needed by:		8. Proposed Effective Date:	

## 9. DESIRED COVERAGES

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General Liability   | <input type="checkbox"/> Contingent Auto    | <input type="checkbox"/> Employers Responsibility   |
| <input type="checkbox"/> AD&D                | <input type="checkbox"/> Kidnap & Extortion | <input type="checkbox"/> Property (Attach Schedule) |
| <input type="checkbox"/> Cargo               | <input type="checkbox"/> Exhibition         | <input type="checkbox"/> Transit                    |
| <input type="checkbox"/> Salesperson Samples |   |   |

## GENERAL INFORMATION

- |  |  |
|--|--|
| 10. Description of Operations<br>11. Operations in countries in which customer will work or sell products<br>12. Loss History Past Five Years:<br>13. Does the customer have any foreign subsidiaries: | ---<br><input type="checkbox"/> Check if no losses<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please attach a list |
|--|--|

## GENERAL LIABILITY:

- |                                       |          |       |
|---------------------------------------|----------|-------|
| 14. Foreign Sales/Generated Receipts: | Sales \$ |       |
| 15. Domestic GL Rate/ Carrier         | Carrier  | Rate: |
| 16. Number of foreign Trips / Purpose |          |       |

## CONTINGENT AUTO:

- |                                   |                         |
|-----------------------------------|-------------------------|
| 17. Number of Foreign Owned Autos | # N/A (attach schedule) |
|-----------------------------------|-------------------------|

## EMPLOYERS RESPONSIBILITY – Indicate trip and/or payroll exposure in charts below:

Number of trips is calculated as number of employees X trips. (Example: 8 employees taking 3 trips each = 24 trips). Number of Foreign trips and duration: \_\_\_\_\_

- |                                  |        |                      |
|----------------------------------|--------|----------------------|
| 18. Trip Purpose:                | Number | Duration (Avg. Days) |
| Administrative (sales, clerical) |        | _____                |
| Labor (physical/manual labor)    |        |                      |
| Engineering Supervision          |        |                      |

## 19. Number and Payroll of Employees Abroad:

Trip Purpose	Number	U.S. Nationals	Number	Third Country Nationals	Number	Local Nationals
Administrative (sales, clerical)	_____	\$ _____	_____	\$ _____	_____	\$ _____
Labor (physical/manual labor)	_____	\$ _____	_____	\$ _____	_____	\$ _____



**LIG International Insurance**

111 2<sup>nd</sup> Ave NE, Suite 1101, St. Petersburg, FL 33701  
(727) 578-2800

[www.LIGMarine.com](http://www.LIGMarine.com)

**OPTIONAL COVERAGES:**

**20. AD&D AND MEDICAL LIMITS FOR EMPLOYEES:**

AD&D	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	Medical	<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$ 25,000
			# Trips	Length of Stay	# Employees

<b>PROPERTY:</b>	
<b>21. Exhibition Limit</b>	\$ None
Number of Annual Exhibitions	# [ ]
Countries	[ ]
<b>22. Salespersons Samples Limits</b>	\$ None
<b>23. Transit Limit</b>	\$ None
Average Value	\$ [ ]
Maximum Value	\$ [ ]
<b>24. Cargo Limit</b>	\$ None
Certificates Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commodities Being Shipped	\$ [ ]
Annual Volume	\$ [ ]
All New Goods	\$ [ ]
<b>25. Offices Overseas</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Countries	
Values Per Location:	\$ [ ]
Additional Comments:	[ ]

Signature: \_\_\_\_\_

Title: [ ]

Print Name: [ ]

Date: [ ]



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