

**St. Paul Fire and Marine Insurance Company
INTERNATIONAL INSURANCE APPLICATION**

GENERAL INFORMATION

Named Insured	Effective Date
Mailing Address (<i>Street, City, State, Zip Code</i>)	Website:
Business of Insured:	Years in Business:
Type of business <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Corp. <input type="checkbox"/> Subchapter "S" Corp. <input type="checkbox"/> Not for Profit	
Does insured have any foreign divisions, affiliates, or subsidiaries not to be insured under this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>	
Loss History for past 3 years (<i>attach loss run</i>):	

FOREIGN PROPERTY

LOCATION NO. 1:

Occupancy:	Construction:	Protection:	Building: \$	Contents: \$	Business Income: \$
Coinsurance %	Replacement Cost: <input type="checkbox"/> Yes <input type="checkbox"/> No	ACV: <input type="checkbox"/> Yes <input type="checkbox"/> No	Deductible: \$	Business Income Deductible: \$ _____ or _____ hours	
Flood <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Limit: \$	Earthquake: <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake Limit: \$	Is locally admitted coverage purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide next:</i>	
Name of Insurer:			Limits of Coverage	Perils insured:	

LOCATION NO. 2:

Occupancy:	Construction:	Protection:	Building: \$	Contents: \$	Business Income: \$
Coinsurance %	Replacement Cost: <input type="checkbox"/> Yes <input type="checkbox"/> No	ACV: <input type="checkbox"/> Yes <input type="checkbox"/> No	Deductible: \$	Business Income Deductible: \$ _____ or _____ hours	
Flood <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Limit: \$	Earthquake: <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake Limit: \$	Is locally admitted coverage purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide next:</i>	
Name of Insurer:			Limits of Coverage	Perils insured:	

Please attach a separate sheet for additional locations.

EXHIBITION:

Limit: \$	Average Value: \$	Deductible: \$	Estimated No. of Foreign Exhibitions:	Average Duration:
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List Countries where exhibitions will take place:

Description of Property:

TRANSIT:

Describe goods being shipped

Limit: \$	Deductible:: \$	Average Value Per Shipment: \$	Annual Values Shipped: \$
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Describe Means of Transport:

Destinations:

OCEAN CARGO:

No. of Shipments Per Year:	Average Value: \$	Maximum Value: \$	Annual Values Shipped: \$
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Limit Requested \$	Deductible:: \$	Types of Goods Shipped:
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Primary points of origin and primary points of destination:

Usual terms of sale:	How are the goods packed for import/export?
Does the packaging indicate the contents of the package or manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who performs the packing/unpacking?
Percentage of goods stowed on deck? %	Percentage of goods stowed below deck? %

FOREIGN GENERAL LIABILITY

General Total Limit:	\$	Each Event Limit	\$
Products & Completed Work Total Limit	\$	Premises Damage Limit	\$
Personal Injury Each Person Limit	\$	Medical Expense Limit	\$
Advertising Injury Each Person Limit	\$		

Foreign Annual Gross Sales: \$	Describe work/operation overseas:
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Describe any overseas installation, service or repair work:

Breakdown of sales by country:

Are there any future acquisitions planned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Domestic Product Rate:
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FOREIGN AUTOMOBILE DIC/EXCESS LIABILITY

Limit Requested: \$	Estimated number of autos to be hired overseas:
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Countries where they will be used:

Average Length of Rental:	Maximum Length of Rental:	No. of owned vehicles insured elsewhere: <i>(Note: our form is DIC only.)</i>
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FOREIGN VOLUNTARY WORKERS COMPENSATION AND EMPLOYERS LIABILITYEstimated number. of annual trips overseas: *(Note: One trip with 2 people equals 2 trip.)*

Average Length of Each Trip:	Longest Length of Trip:
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List Countries traveled to:

Describe job functions of the traveling employees:

FOREIGN VOLUNTARY WORKERS COMPENSATION AND EMPLOYERS LIABILITY (CONTINUED)

If applicable, please complete the chart below for your International Employees who are stationed aboard:

Country	No. of Employees	Job Function	Payroll
U.S. Nationals			
3rd Country Nationals			

EMPLOYER'S LIABILITY LIMITS FOR U.S. EXPATRIATES

By Accident: \$	By Disease: \$	Each Employee: \$	Transportation (Repatriation) Any One Employee \$	Aggregate: \$
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EMPLOYER'S LIABILITY LIMITS FOR LOCAL HIRES

Country:	No. of Employees:	Job Function:	Payroll \$
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KIDNAP/RANSOM/EXTORTION:

Limit: \$100,000	Is coverage wanted? . <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer questions 1, 2, and 3 below.</i>
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1. Do any members of staff travel to countries outside the U.S., Canada and Western Europe?

Yes No *If yes, provide details (attach separate schedule if necessary):*

City & Country of Destination	Frequency	Duration	Business or Pleasure	Titles of Personnel

2. List all incidents in the past that would have given rise to a claim under the coverage herein applied for:

If none, please check here: None

Date of Incident	Type of Incident	Total Amount of Loss From Insurance	Amount Recovered Than Insurance	Recovery Other of Incident	Location

3. List the location(s) outside of the U.S., Canada and Western Europe for all subsidiaries, divisions and branches:

(Attach a separate sheet if necessary.)

City & Country	Approximate No. of Employees	No. of Locations	Nature of Business or Products Provided	Type of Operations

This application is not a representation that coverage does or does not exist for a particular claim or loss, or type of claim or loss, under any insurance policy issued by The St. Paul. Whether coverage exists or does not exist for a particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable policy wording.

Fraud Warning Notice: If a state fraud warning notice applies, please attach form #55306 to this application.

Authorized Officer Signature	Title	Today's Date
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