

WORLDRIK International Package

AIU North America, Inc.

Commercial Accounts Division

-Quick Application-

Producer Plan To Win Ins Agency #90924 **Address** 905 NW Heatherwood Dr.
Contact Duaine Owings Blue Springs, MO 64015 U.S.A.
Telephone 1-800-559-8777 or 1-816-224-9466
Fax 1-816-224-9435

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./CAN employees or 3rd Country Nationals employees traveling abroad _____

To which countries are they traveling? _____

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

Estimated # and average duration of trips overseas. _____



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

Job Descriptions: _____ Payroll: _____

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

Job Descriptions : _____ Payroll: _____

Flight Concentration:

Maximum number of employees that travel together on the same flight _____ How many trips do the maximum number of employees take together? _____



FOREIGN COMMERCIAL PROPERTY/PREMISES LIABILITY:

Fill in the following for each location of property insured, attach schedule for more locations:

Location #1

Complete Address _____

Estimated

Values: Building: _____ Contents: _____ Bus. Income: _____

Construction: _____

Occupancy: _____

Protection: _____

Surrounding Exposures: _____

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

TOTAL VALUES:

Property Damage _____ Time Element _____ TOTAL _____

LIMITS REQUESTED:

All Risk: _____

Earthquake: _____ Interdependent Bus. Interruption: _____

Flood: _____ Off-Premises Power: _____

Extra Expense: _____ Boiler and Machinery: _____

DEDUCTIBLES:

All Other Peril: _____ Earthquake: _____

Flood: _____ Wind: _____



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

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



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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 US 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

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? _____



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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: Per Occurrence (\$25,000, \$50,000, \$100,000, \$250,000, \$500,000)
 Country Aggregate Limits (must be equal to or as large as largest of per occurrence limits)**

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

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 operation(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 New York applicants: Any person who knowingly and with intent to defraud any insurance company or other persons files an application for insurance containing false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

 Signed for Applicant Company

 Title

 Date

 Producer Name/Contact

 Title

 Date

