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ACE GLOBAL ADVANTAGE Application

Please: 1. Answer all questions completely. 2. If there is insufficient space to complete an answer, continue on a separate sheet of your firm's letterhead. Indicate the question number. 3. This form must be completed, signed and dated by a principal, partner or officer of your firm. 4. Send completed application and any attachments to your broker.	<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application
	Renewal Policy #:
	<p style="text-align: center;">Schinnerer Use Only</p>

APPLICANT INFORMATION

Firm Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Email: _____ Phone: _____ Fax: _____

Quote needed by: _____ Intended inception: _____

Individual Corporation Subchapter S Corporation Limited Corporation Not for Profit Other:
 Partnership Joint Venture

SS # or Dunn & Bradstreet #: _____ Years in Business: _____

GENERAL INFORMATION

Description of foreign operations: _____

List Countries where customer will work/travel or sell products: _____

Loss History Past 5 Years: _____

Current international insurance carrier: _____ Premium \$: _____

Does the customer have any foreign subsidiaries? YES NO If yes, please attach a list.

GENERAL LIABILITY (Choose One)

Foreign Sales:	Contract Cost:	Number of leased or owned Premises:
Domestic GL Rate/Carrier:		Number of foreign trips/purpose:
Administration: (sales/clerical):		Labor (physical/manual labor):
Standard limit is \$1,000,000. Any Excess Limits needed for:		
Occurrence:	Products:	Personal/Advertising Injury:

CONTINGENT AUTO

Number of Foreign Owned Autos:
Standard limits is \$1,000,000. Any Excess Limits needed:

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:

Trip Purpose	Number	Duration (Average Days)
Administrative: (sales/clerical)		
Labor (physical/manual labor):		

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):		\$		\$		\$

EMPLOYERS LIABILITY Standard Limit is \$1,000,000. Any Excess Limits:

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

FRAUD NOTICE – Where Applicable Under The Law of Your State

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties For Florida Residents only: 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 of the third degree.) (For Maine residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.) (for New York residents only: 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 Tennessee and Washington residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For Vermont residents only: 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

REPRESENTATION:

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

1. A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;
2. If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner, or Officer: (Please Type or Print)	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Title:	
Signature: (Principal, Partner or Officer)	
Date:	
NOTE: This application must be reviewed, signed and dated within a month of submission by a principal, partner or officer of the applicant firm.	

AGENT OR BROKER MUST COMPLETE THE FOLLOWING		
Contact Name	License Number	Expiration Date
Agency Name		
Address	License	
Contact Email		
Phone	Non-Resident License (If applicable)	
Fax	ACE Agent (casualty) or Licensed Broker	



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**VICTOR O.
SCHINNERER
& COMPANY, INC.**

Underwriting Managers and Program Administrators

Two Wisconsin Circle, Chevy Chase, MD 20815

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