

GENERAL INFORMATION

Name of Insured: _____ Effective Date Requested: _____
Mailing Address: _____ Years in Business: _____
Agency Name: _____ Website: _____
Agency Mailing Address: _____
Type of Business: ☐ Individual ☐ Corporation ☐ Subchapter "S" Corporation ☐ Not-for-Profit
☐ Partnership ☐ Joint Venture ☐ Limited Corporation

FOREIGN SUBSIDIARIES OR OPERATIONS

1. Description of Operations: _____
2. Are there any Foreign Subsidiaries/Legal Entities? ☐ Yes ☐ No
3. Are Local Admitted Policies in place? ☐ Yes ☐ No
If available, submit the Declaration Pages for all locally admitted policies.
Include Foreign Loss Runs For 5 Consecutive Years.
4. Provide any fact, circumstance or information regarding any known or potential claim or suit which has been or may be made against any insured, foreign subsidiary or operation:

TRIP TRAVEL

Please outline the foreign travel planned or estimated for the year

| COUNTRY | PURPOSE | DURATION (IN DAYS) | NUMBER OF STUDENTS | NUMBER OF EMPLOYEES | NUMBER OF VOLUNTEERS |
|---------|---------|-----------------------|-----------------------|------------------------|-------------------------|
| | | | | | |
| | | | | | |
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Additional Information:

1. Do you have a formalized International travel formation and approval process? Please check all that apply
☐ Centrally controlled by school leadership ☐ (K-12) Formal student to staff chaperone ratios established
☐ Formal housing guidelines including minimum life safety standards
☐ Formal transportation guidelines including guidance to travelers that driving automobiles is prohibited
☐ Formalized crisis response/evacuation plans developed to be used to respond to foreign travel crises



- ☐ Requirement for background checks for all US employees & chaperones, in-country employees, host families, drivers & contractors
- ☐ Sexual Abuse & misconduct prevention policy including country specific information to travelers regarding cultural norm differences on gender-related attitudes toward dating, dress & social interactions
- ☐ Formal guidelines for choosing vendors and contracted services including:
 - ☐ Minimum insurance requirements
 - ☐ Mandatory use of signed contracts including a hold harmless & indemnification agreement in favor of your institution
 - ☐ Certificates of Insurance obtained from each vendor / contractor including evidence that school is named as Additional Insured on vendor / contractors liability policy
- 2. Describe how foreign trips are arranged. Please check all that apply
 - ☐ Use of US based travel agencies and/or vendors ☐ Self-Perform
 - ☐ Use of foreign based third party vendors ☐ Member of an International Exchange Program
- 3. Does your institution require a signed assumption of risk & release of liability waiver form from each traveler outlining the risks & hazards that will potentially be encountered?
(Please provide copy) ☐ Yes ☐ No
- 4. Do you have a student code of conduct handbook specific to international travel?
(Please provide copy) ☐ Yes ☐ No
- 5. Describe the training & support services employees receive while traveling abroad:

- 6. Describe the student training & support services provided by your institution:

- 7. Describe the methods used to locate & communicate with travelers abroad:

Admitted Policies (Policies issued from the U.S.):

Coverage is primary subject to terms, conditions and exclusions. However, where valid local coverage exists, the U.S. coverage is Excess/DIC.

Admitted-Local Issued Policies:

Where admitted or local (primary) policies are issued by your insurer, the policies issued from the U.S. would respond as Excess/DIC (subject to their terms, conditions and exclusions) where local (primary) policies do not respond.

With respect to Foreign Voluntary Workers' Compensation and Employers Liability coverage and Automobile Liability coverage, these policies are not in any way a substitute for local Workers' Compensation & Employers Liability and Automobile Liability compulsory insurance requirements.

SECTIONS ATTACHED

- ☐ Foreign Property ☐ Foreign Business Auto Coverage ☐ Kidnap, Ransom, Extortion ☐ Foreign General Liability
- ☐ Foreign Voluntary Workers' Compensation/Employers Liability ☐ Business Travel Accident

FOREIGN PROPERTY

Is there any property located overseas? ☐ Yes ☐ No

If Yes, please provide the following information:

Foreign Premises Information*

Location #: _____ Address: _____

Local Contact: _____

Building #: _____ Occupancy: _____



| SUBJECT OF INSURANCE | AMOUNT OF INSURANCE | COINS % | VALUATION | AGREED AMOUNT | DEDUCTIBLE** | BI WAIT PERIOD | OTHER |
|--------------------------------------|---------------------|---------|--|--|--------------|----------------|-------|
| Building | | | <input type="checkbox"/> ACV <input type="checkbox"/> RC | <input type="checkbox"/> Yes <input type="checkbox"/> No | | N/A | |
| Business Personal Property | | | <input type="checkbox"/> ACV <input type="checkbox"/> RC | <input type="checkbox"/> Yes <input type="checkbox"/> No | | N/A | |
| Business Personal Property of Others | | | <input type="checkbox"/> ACV <input type="checkbox"/> RC | <input type="checkbox"/> Yes <input type="checkbox"/> No | | N/A | |
| Business Income & Extra Expense | | | N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | N/A | | |
| Flood | | N/A | N/A | N/A | | N/A | |
| Earth Movement | | N/A | N/A | N/A | | N/A | |

Construction: _____

of Stories: _____ Area: _____ Year Built: _____ Year Updated: Roof: _____

Year Updated: Heating: _____ Year Updated: Electrical: _____

Sprinkler: ☐ Yes ☐ No Other Protection: ☐ Burglar Alarm ☐ Fire Alarm

*If there are additional locations, please provide the above information on an additional sheet.

****Building/BPP Deductible Options: \$2,500/\$5,000/\$10,000/\$25,000**

****Earth Movement Deductible Options: 1%; 5%; 10%; 15%; 20%; 25%; 30%; 35% or 40%. OR**

****Flood Deductible Options: \$5,000/\$10,000/\$15,000/\$20,000/\$25,000/\$50,000/\$75,000/\$100,000**

Additional Coverages or Other Terms and Conditions:

Description of Property Covered: _____

Limit: \$ _____ Limit: \$ _____ Limit: \$ _____ Limit: \$ _____

FOREIGN GENERAL LIABILITY

Coverage

Limit

General Aggregate Limit ☐ \$1,000,000 ☐ \$2,000,000

Products-Completed Operations Aggregate Limit ☐ \$1,000,000 ☐ \$2,000,000

Each Occurrence Limit \$1,000,000

Personal and advertising Injury Limit \$1,000,000

Damage to Premises Rented to You Limit ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000

Medical Expense Limit (per person) ☐ \$10,000 ☐ \$25,000 ☐ \$50,000

Employee Benefits Limit ☐ Yes ☐ No \$1,000,000 each employee/ \$2,000,000 aggregate

Identify Additional here or attach an additional sheet. _____

Location Information

Do you have a foreign based location? ☐ Yes ☐ No

If Yes, please complete the following:

Location #: _____ Address: _____

Interest: ☐ Owner ☐ Tenant GL Class Code: _____ # Employees at this location: _____

Gross Sales to/from this location: \$ _____ Payroll at this location: \$ _____

Total Area: _____ Sq. Ft. Other Exposure: _____

Description of operations by country: _____

*If there are additional locations, please provide the above information on an additional sheet



Exposure Basis:

(P) Payroll (C) Total Cost–Per \$1,000/Cost (G) Gross Sales–Per \$1,000/Sales (U) Unit–Per Unit
 (A) Area–Per 1,000 SF (M) Admissions–Per 1,000 Adm (T) Other

FOREIGN BUSINESS AUTO COVERAGE

Vehicle Classification: Non-Owned: # of Autos/Light Trucks: _____ # of Vans/Trucks/Other: _____
 Hired: # of Foreign Rentals: _____ # of Rental Days: _____

Liability Limit of Insurance: ☐ \$1,000,000 ☐ \$2,000,000

Medical Payments: ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000

Physical Damage Coverage: Limit per Vehicle: ☐ \$25,000 ☐ \$40,000 ☐ \$50,000
 Deductible: \$1,000

Fellow Employee Coverage: ☐ Yes ☐ No

Local Statutory Coverage in place? ☐ Yes ☐ No

If Yes, provide information: _____

FOREIGN VOLUNTARY WORKERS COMPENSATION/EMPLOYERS LIABILITY

THIS INSURANCE MAY NOT BE OFFERED IN SATISFACTION OF INSURANCE REQUIREMENTS OF ANY "WORKERS COMPENSATION LAW" ANYWHERE.

| EMPLOYEE TYPE | COUNTRY* | CLERICAL/ EXECUTIVE TOTAL PAYROLL (US \$) | SALES/ ENGINEERING TOTAL PAYROLL (US \$) | MANUFACTURING/ OTHER TOTAL PAYROLL (US \$) | CONSTRUCTION INSTALLATION EXPOSURE? Y/N |
|---------------------------------|----------|--|---|---|--|
| (US National USN) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (US National USN) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (US National USN) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Third Country National (TCN) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Third Country National (TCN) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Third Country National (TCN) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Local National (LCN) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Local National (LCN) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Local National (LCN) | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

- USNs = U.S. resident is provided U.S. Workers' Compensation Coverage – State of Hire Benefits.
- TCNs = Foreign resident employed or assigned by you to work outside the United States of America (including its territories and possessions), Canada and Puerto Rico, but outside their country of permanent residence is provided Jurisdiction of Hire Benefits.
- LCN = Foreign resident employed to work in their country of residence.

*If more countries needed, please attach separate sheet listing payroll by country.



For each column that applies below, check one box. If the bottom box in either column is checked, enter the state or country of jurisdiction.

U.S. National

☐ Workers' Comp law of the "covered employee's" state of hire.

☐ Workers' Comp law of the following US state: _____

Third Country National

☐ Workers' Comp law of the "covered employee's" jurisdiction of hire.

☐ Workers' Comp law of the following jurisdiction: _____

Limits:

Employer's Liability ☐ \$500,000/\$500,000/\$500,000 ☐ \$1,000,000 / \$1,000,000/\$1,000,000
☐ \$2,000,000/ \$2,000,000/\$2,000,000

Local Statutory Coverage in Place

☐ Yes ☐ No

Excess Repatriation ☐ \$50,000/\$100,000 ☐ \$100,000/ \$250,000 ☐ \$250,000 / \$500,000
☐ \$500,000 / \$1,000,000 ☐ \$1,000,000 / \$1,000,000

Spousal/Child Coverage for Excess Repatriation

☐ Yes ☐ No

If Yes, # of spouse/children covered: _____

KIDNAP/RANSOM/EXTORTION

Limit of Insurance: Per Event Limit ☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

Do you require coverage for Additional Covered Persons? ☐ Students ☐ Chaperones ☐ Volunteers ☐ Parents

Enhancement Package:

☐ Yes ☐ No

Enhancement package includes: Loss of Earnings; Disappearance Investigation and Expense; Express Kidnap; Threat Response Expense; Travel Security Evacuation; Business Income Loss Endorsements.

Describe any previous kidnap, extortion or detention incidents, attempts or threats within the last five years:

BUSINESS TRAVEL ACCIDENT

AD&D Principal Sum/Aggregate Limit: ☐ \$20,000/\$200,000 ☐ \$50,000/\$500,000 ☐ \$100,000/\$1,000,000

Emergency Medical per Person Limit: ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000

Emergency Medical per Person Deductible: ☐ \$250 ☐ \$500

Do you require coverage for Additional Covered Persons? ☐ Students ☐ Chaperones ☐ Volunteers ☐ Parents

If you need additional space, please attach a list.



DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind the Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized

Entity Representative: _____ **Date:** _____



FRAUD WARNINGS

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or any application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information or concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information or concerning any fact material thereto commits a fraudulent insurance act, which is a crime, 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.

NOTICE TO NORTH CAROLINA APPLICANTS: Any person who knowingly presents false information in an application for insurance is guilty of a felony and may be subject to fines and imprisonment.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.