INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT
(Attach to ACORD 126, Commercial General Liability Section)

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):
	FAX (A/C, No):

APPLICANT (First Named Insured)

LIST COUNTRIES WHERE APPLICANT OR EMPLOYEES WILL WORK, TRAVEL TO OR SELL PRODUCTS

CODE: SUB CODE:

AGENCY CUSTOMER ID:

NATURE OF BUSINESS / DESCRIPTION OF FOREIGN OPERATIONS (Include number of leased and owned premises outside of the US)

DOES THE APPLICANT HAVE ANY FOREIGN SUBSIDIARIES? If "YES", attach a list. ☐ YES ☐ NO

LOSS HISTORY OUTSIDE OF THE US

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

☐ CHK HERE IF NONE ☐ SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS OPEN	CLAIM STATUS CLSD
						☐	☐
						☐	☐
						☐	☐
						☐	☐

REMARKS

PRIOR INTERNATIONAL COVERAGE

PRIOR CARRIER AND PRODUCER	# OF YEARS W/COMPANY	PRIOR POLICY NUMBER	EXPIRATION DATE	PREMIUM
				$

COVERAGES/LIMITS

COVERAGES	LIMITS OCCURRENCE	LIMITS AGGREGATE	LIMITS EXCESS
FOREIGN SALES	$	$	$
CONTRACT COST	$	$	$
CONTINGENT AUTO NUMBER OF FOREIGN OWNED AUTOS:	$	$ N/A	$
EMPLOYERS LIABILITY	$	$ N/A	$

OTHER COVERAGES

EMPLOYERS RESPONSIBILITY LIMITS $

FOREIGN TRIPS

TRIP PURPOSE	NUMBER OF TRIPS	DURATION (AVERAGE LENGTH OF STAY)

NUMBER AND PAYROLL OF EMPLOYEES ABROAD

JOB FUNCTIONS PERFORMED	NUMBER	U.S. NATIONALS	NUMBER	THIRD COUNTRY NATIONALS	NUMBER	LOCAL NATIONALS
		$		$		$
		$		$		$
		$		$		$

EMPLOYERS MEDICAL AND AD&D MEDICAL $ AD&D $

NUMBER OF EMPLOYEES	NUMBER OF TRIPS	DURATION (AVERAGE LENGTH OF STAY)

SEPARATE APPLICATIONS REQUIRED FOR: ☐ KIDNAP AND EXTORTION ☐ PROPERTY ☐ DEFENSE BASE ACT ☐ OTHER:

REMARKS

APPLICANT'S SIGNATURE	APPLICANT'S TITLE	DATE

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