



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)
CODE: AGENCY CUSTOMER ID:	SUB CODE:	LIST COUNTRIES WHERE APPLICANT OR EMPLOYEES WILL WORK, TRAVEL TO OR SELL PRODUCTS

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	CLSD

REMARKS

PRIOR INTERNATIONAL COVERAGE

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

COVERAGES/LIMITS

COVERAGES	LIMITS		
	OCCURRENCE	AGGREGATE	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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