



Print Application And Return To:

Sadler & Company
PO Box 5866
Columbia, SC 29250
email: products@sadlerco.com
Or Fax To: 803-256-4017

*Any questions please call:
800-622-7370 toll free
803-254-6311 local*

International Advantage®

Casualty Application

Customer	Broker/Agent
Address	Address
Contact	Contact
E-mail	E-mail
Phone	Phone
Quote Needed By	Fax
Intended Inception	
SS# or Dunn & Bradstreet#	

Individual
 Corporation
 Subchapter "S" Corporation
 Not for Profit
 Partnership
 Joint Venture
 Limited Corporation
 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: _____ No. 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 for: Occurrence Products Personal/Advertising Injury

Contingent Auto:

Number of Foreign Owned Autos: _____

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

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 (Avg. 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 \$10,000 \$25,000
 AD&D \$100,000 \$250,000

Number of Employees: _____ Number of Trips: _____ Average Length of Stay: _____

Separate Applications required for:

Kidnap & Extortion Property Defense Base Act

Signed _____ Title _____ Date _____

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