



ACEAdvantage.NET Application



Insured Information

Named Insured: Description of Operations:
 State: SIC Code:
 Address:
 City: Insured Contact First Name:
 Zip Code: Insured Contact Last Name:
 Company Type: Insured Contact Email Address:

Rating Questions

- Do your employees travel outside of the United States, its territories or possessions, or Puerto Rico, on trips authorized or arranged by you that are intended to support your business operations? Yes No
- Do you have any subsidiaries, joint ventures, owned or leased facilities, or permanently stationed employees located outside of the United States? Yes No
- How many international trips do your employees take annually? 30 trips or less 31-60 trips 61-100 trips More than 100 trips
- Do any of your employees travel internationally on business for more than 30 days in a single trip? Yes No
- Do your employees travel internationally in a party greater than six on the same flight? Yes No
- Will any of your employees be involved in the following activities while traveling internationally? Yes No
 - Manual Labor
 - Construction (other than Supervision)
 - Oil or Gas Exploration or Installation
 - Underwater Activities
 - Mining
 - Security Services
 - Tour Operators
 - Entertainment Stunt Work
- Do your employees travel to or does your company transact business in any country which has trade or economic sanctions or other laws or regulations prohibiting a United States insurer from providing insurance? (Visit OFAC website for more information. [Learn more.](#))

In addition, do your employees travel to or does your company transact business in any of the countries listed below?

- Africa: Burundi, Democratic Republic of Congo, Libya, Mali, Mauritania, Niger, Somalia, South Sudan, Sudan
- Central America: Haiti
- Middle East/Central Asia: Afghanistan, Iran, Iraq, Pakistan, Syria, Yemen

Yes No

- What are your estimated overseas revenues?
\$5 million or less \$5 million to \$7.5 million \$7.5 million to \$10 million More than \$10 million
- In the past 5 years, has your organization or any affiliates had any bankruptcies, or have you had any insured or uninsured losses, claims, suits or occurrences outside the United States?Yes No

The undersigned represents the above statements are correct to the best of his/her knowledge. The above statements and information provided are material to the acceptance of this risk and hazard which may be accepted by the insurer under any quotation and/or policy(ies) issued. In the event that this application contains any material misrepresentation, material omissions or material nondisclosure, any quotation and any policy(ies) issued therewith are, subject to applicable law, void.

Signed:
Title:
Date: