



ACE International Advantage[®] Application War Hazard Supplement



Applicant Information

Named Insured:

Broker Information

Brokerage Name:

Trip Information

Estimated Annual # Trips/Flights Taken by U.S. Nationals and Third Country Nationals:

Average # U.S. Nationals and Third Country Nationals on Any One Flight:

Single Largest # U.S. Nationals and Third Country Nationals on Any One flight:

Are Trips Primarily to Countries in Which Insured Has Existing Operations? Yes No

If No, Describe Purpose / Destination of Trips:

War Hazard Loss History

In the Past 5 years, Has Insured Incurred War Losses? Yes No (If yes, describe below or submit as separate attachment)

Policy Year	Incident	Location	Total Losses Incurred	Total Losses Paid	Total Losses Reserved
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Employee Information

Estimated U.S. Nationals (USNs): List Below Headcount and Payroll by Country and Location

Country	City/Location	#USN	USN Payroll	State(s) of Hire
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Estimated Third Country Nationals (TCNs): List Below Headcount and Payroll by Country and Location

Country	City/Location	TCN	TCN Payroll	Country of Origin
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Security Information (Check here to indicate you are providing the required information as a separate attachment.)

Describe Security Plans in Place in Insured's Overseas Operations to Ensure Employee Safety:

Is a Formal Evacuation Plan in Place? Yes No If yes, Describe:

Is a Formal Evacuation in Place in Each Country of Operation? Yes No

-If No, List the Countries Where a Formal Evacuation Plan is in Place:

Does Insured Have Formal Contract with Professional Security Assistance Provider? Yes No
Including security staff, as well as global or country/region travel advisories, security alerts and reports and guidelines for evacuation.

If Yes, List Provider(s):

Does Insured Have Local Militia, Armed Forces or Similar Protection at Employee Job Sites and/or at Employee Housing Locations? Yes No

If Yes, Describe:

Is Transportation Provided to Employee Work/Job sites? Yes No
List the countries where this transportation is provided; estimate maximum # of U.S. Nationals and Third Country Nationals using this transportation and describe the type of conveyance(s) used (train, bus, car, plane, etc.).

If Yes, Describe:

Is Housing Provided to U.S. Nationals and Third Country Nationals? Yes No
List the countries where housing is provided; by country describe the location and type of housing and estimate maximum # of U.S. Nationals and Third Country Nationals housed at any one location.

If Yes, Describe:

Estimate Maximum # U.S. Nationals and Third Country Nationals at Any One Employee Work/Job Site.
Including plant, office, rig, vessel, job site; including at change of shift when a higher overlap concentration can occur.

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative:

Signature of Producer:

Date:

Date: