

# CNA Passport® Application



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INTERNATIONAL

Date Quote Needed (mm/dd/yyyy): \_\_\_\_\_ Intended Inception Date (mm/dd/yyyy): \_\_\_\_\_

If CNA is writing and/or quoting other coverages, please indicate CNA contact: \_\_\_\_\_

Current Carrier: Domestic: \_\_\_\_\_ International: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Producer Name: \_\_\_\_\_ Producer Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Years in business: \_\_\_\_\_

Nature of Business, Description of Products/Operations (Please attach brochures when available.):  
\_\_\_\_\_

Countries in which the insured will travel, work, operate or sell products: \_\_\_\_\_  
\_\_\_\_\_

Do you have, or do you need CNA International to arrange for local policies outside of the U.S.? Yes No

Any formal safety program in operation? Yes No

Any exposure to flammables, explosives, radioactive materials, chemicals or other substances considered environmental hazards? Yes No

## Coverages

### Foreign Property:

Unspecified Location Limit: \$100,000 \$250,000 Other: \_\_\_\_\_

Location Address (if applicable): \_\_\_\_\_

COPE (Construction, Occupancy, Protection, Exposure) for the above location: \_\_\_\_\_

Location Limits: Business Property: \$ \_\_\_\_\_ Business Income/Extra Expense: \_\_\_\_\_

### Foreign General Liability \$1M Occ/\$2M Agg Limits:

Estimated U.S. Export and/or Foreign Sales or Revenue: \$ \_\_\_\_\_

Increased Limits Required: Per Occurrence: \$ \_\_\_\_\_ Annual Aggregate: \$ \_\_\_\_\_

**Foreign Automobile Liability (Excess/DIC) \$1M CSL:**

Number of Units: Owned \_\_\_\_\_ Hired/Non-Owned \_\_\_\_\_

**Foreign Voluntary Workers' Compensation, Employers Liability, and Repatriation \$1M EL:**

Estimated number of short-term and/or reverse trip travel trips (90 days or less):

Number of Trips \_\_\_\_\_ × Number of Travelers \_\_\_\_\_ = Total Number of Trips: \_\_\_\_\_

Describe purpose of trips (i.e.: sales, service, installation, etc.): \_\_\_\_\_

Approximate # of travel days per trip: \_\_\_\_\_

Maximum number of people traveling on any one conveyance: \_\_\_\_\_

Foreign Payroll: (for US Expatriates or employees traveling over 90 days in duration)

U.S. National Employees: \$ \_\_\_\_\_ Occupation: \_\_\_\_\_

Third Country National Employees: \$ \_\_\_\_\_ Occupation: \_\_\_\_\_

Local National Employees: \$ \_\_\_\_\_ Occupation: \_\_\_\_\_

**International Business Travel Accident, Death & Dismemberment:**

Principal Sums Insured: (specify one) \$100,000 \$250,000 \$300,000

Average number of trips for Employees, Spouses &amp; Dependents: \_\_\_\_\_

Average number of travel days for all Employees, Spouses &amp; Dependents: \_\_\_\_\_

**Ocean Cargo:** \$100,000 \$250,000 Other: \_\_\_\_\_

Each Shipment Value: \$ \_\_\_\_\_ Annual Shipment Value: \$ \_\_\_\_\_

Maximum Value Per Shipment: \$ \_\_\_\_\_ Shipments Containerized?: Yes No

**Additional International Coverages:** (please specify): \_\_\_\_\_**International Losses Last Five Years All Lines of Coverage:**

Have there been any losses in the last 5 years?: Yes No

Please provide current company loss runs, including all losses, reported incidents, details on any claim exceeding \$10,000 and loss adjustment expenses from first dollar for the prior 5 years. Please indicate all applicable deductibles, SIR's, and impact of losses on aggregates. Discuss all ongoing or potential lawsuits. (Please attach loss runs)

Any policy or coverage declined, cancelled or nonrenewed during the past 3 years? Yes No

Explain all "Yes" responses: \_\_\_\_\_

Insured Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Please send completed forms to your CNA representative or  
CNANewBusiness@cna.com