

INTERNEX, LLC

1130 Ten Rod Road, Suite E-103
North Kingstown, RI 02852
Telephone: 401-295-4333 Telefax: 401-295-4830
E-mail: info@internexllc.com

FOREIGN PACKAGE QUESTIONNAIRE

A. GENERAL INFORMATION

INSURED: _____

US ADDRESS: _____

TERM: _____

BUSINESS DESCRIPTION: _____

COUNTRIES OUTSIDE THE US IN WHICH INSURED WORKS, OPERATES, OR SELLS PRODUCTS: _____

B. PROPERTY

FOREIGN LOCATIONS: _____

PROPERTY VALUES:	Building:	_____	(Replacement Cost)
	Contents:	_____	(Replacement Cost)
	Stock:	_____	(Selling Price)
	Personal Property:	_____	(Replacement Cost)
	Business Income:	_____	(12-Month Basis)

PERILS INSURED: All Risks Burglary Theft Flood Earthquake

DEDUCTIBLES: ___ \$1,000 ___ \$2,500 ___ \$5,000 ___ \$_____

CONSTRUCTION, OCCUPANCY AND PROTECTION INFORMATION BY LOCATION: _____

EXHIBITION: Average Value: _____ Number per Year: _____

SALESPERSONS SAMPLES: Value per Trip: _____ Trips per Year: _____

C. BOILER & MACHINERY

LIMIT REQUESTED: ___ \$10,000 ___ \$25,000 ___ \$50,000 \$_____

D. CRIME

LIMIT REQUESTED: ___ \$5,000 ___ \$10,000 ___ \$25,000 ___ \$50,000 \$_____

E. TRANSPORTATION

INLAND TRANSIT: Average Value per Shipment: _____
 Number of Shipments per Year: _____
 Limit Requested: _____

Mode of Transportation: ___ Auto ___ Truck ___ Rail

OCEAN CARGO: Average Value per Shipment: _____
 Number of Shipments per Year: _____
 Limit Requested: _____

Mode of Transportation: ___ Air ___ Ocean Vessel

F. CASUALTY

FOREIGN SALES/REVENUE: _____

ESTIMATED US EXPORE SALES: _____

LIMITS REQUESTED: \$ _____ Per Occurrence \$ _____ Annual Aggregate

EMPLOYEE BENEFITS LIABILITY REQUIRED: Yes No
 Claims Made Occurrence

DOMESTIC COVERAGES/CARRIERS/RATES: _____

G. AUTOMOBILE EXCESS/DIC

NUMBER OF OWNED AUTOS ABROAD: _____

ESTIMATED NUMBER OF NON-OWNED/HIRED VEHICLES: _____

LIMITS REQUESTED: \$1,000,000 \$2,000,000 \$3,000,000 \$ _____

H. EMPLOYERS RESPONSIBILITY

ESTIMATED NUMBER OF TRIPS OUTSIDE THE US BY US NATIONALS (Example: 3 employees x 8 trips each = 24 trips): _____

TRAVEL DESTINATIONS: _____

TRIP DURATION: _____

MAXIMUM NUMBER OF PERSONNEL ANY ONE CONVEYANCE AT ANY ONE TIME: _____

ESTIMATED PAYROLL OF EMPLOYEES WORKING OUTSIDE THE US:

NATIONALITY TYPE	WORKING LOCATION	JOB DESCRIPTION	ESTIMATED PAYROLL	STATE/COUNTRY OF BENEFITS
US NATIONALS				
THIRD COUNTRY NATIONALS				
LOCAL NATIONALS				

NUMBER OF US NATIONALS DOMICILED ABROAD: _____

DETAILS OF ANY PRODUCT TAMPERING EVENTS OR ATTEMPTS: _____

DETAILS OF COVERAGES CURRENTLY CARRIED, IF APPLICABLE: _____

LIMITS OF LIABILITY REQUIRED: ___ \$1,000,000 ___ \$2,000,000 \$_____

K. ADDITIONAL INFORMATION RQUIRED

PLEASE ATTACH COPY OF MOST RECENT FINANCIAL STATEMENT/ANNUAL REPORT (MANDATORY IN ORDER TO QUOTE KIDNAP/RANSOM/EXTORTION COVERAGES).

PLEASE ATTACH COMPLETE LOSS HISTORY FOR PAST FIVE YEARS.

PLEASE ATTACH PRODUCT/COMPANY BROCHURE

INFORMATIOIN PROVIDED BY: _____

DATE