

CLIENT INFORMATION (REQUIRED)

CLIENT NAME: _____

ADDRESS: _____

CITY: _____

ZIP: _____

CONTACT: _____

EMAIL: _____

PHONE: _____

FAX: _____

WEB PAGE: _____

SPRINS GROUP OFFICE: (REQUIRED)

CREATED BY: _____

OFFICE LOCATION: _____

DATE CREATED: _____

PHONE NUMBER: _____

FAX NUMBER: _____

GENERAL INFORMATION: (ALL FIELD REQUIRED)

CLIENT NAME: _____

ADDRESS: _____

CITY: _____

ZIP: _____

CONTACT: _____

EMAIL: _____

PHONE: _____

FAX: _____

WEB PAGE: _____

DUNN AND BROADSTREET NUMBER: _____

DESCRIPTION OF GENERAL OPERATIONS: _____

DESCRIPTION OF FOREIGN OPERATIONS: _____

COMMERCIAL GENERAL LIABILITY:

ESTIMATED U.S. EXPORT SALES: _____

ESTIMATED EXPORT SALES ARE TO WHICH COUNTRIES: _____

ESTIMATED LOCAL FOREIGN SALES BY COUNTRIES: _____

LOCAL FOREIGN SALES ARE TO WHAT COUNTRIES: _____

CONTRACT COST: _____

NUMBER OF FOREIGN TRIPS: _____

NUMBER OF FOREIGN LOCATIONS: _____

OTHER: _____

EXCESS/DIC AUTOMOBILE LIABILITY / CONTINGENT AUTO:

NUMBER OF OWNED UNITS: _____

NUMBER OF LEASED UNITS: _____

OTHER: _____

EMPLOYER'S RESPONSIBILITY: / TRAVEL ASSISTANCE:

NUMBER OF EMPLOYEES TRAVELING: _____

NUMBER OF EMPLOYEES TRAVELING TOGETHER AT ONE TIME: _____

COUNTRIES VISITING: _____

	NO. OF EMPLOYEES	COUNTRY ASSIGNED	PAYROLLS	COUNTRY OF ORIGIN

ACCIDENTAL, DEATH, DISMEMBERMENT & MEDICAL: TRAVEL ASSISTANCE MUST ALSO BE SELECTED:

SELECT LIMITS REQUIRED: _____

ACCIDENTAL DEATH & DISMEMBERMENT LIMITS: _____

ACCIDENT AND SICKNESS MEDICAL EXPENSE: _____

PROPERTY / CRIME:

PROPERTY LIMIT REQUIRED: _____

IF THERE ARE FOREIGN LOCATIONS, PLEASE COMPLETE REQUEST OUR FORMATTED SHEETS IN ORDER TO SUBMIT A COMPLETED AND SCHEDULE STATEMENT OF VALUES.

STANDARD CRIME LIMITS: _____

EMPLOYEE DISHONESTY: \$5K WITH A \$1K DEDUCTIBLE.

MONEY & SECURITIES: \$5K ON/OF PREMISES WITH \$1K DEDUCTIBLE.

OCEAN CARGO / INLAND TRANSIT:

WHAT COMMODITIES WILL BE SHIPPED? _____

HOW ARE COMMODITIES SHIPPED? _____

DESTINATION OF SHIPMENTS: _____

MAXIMUM VALUE OF ANY ONE SHIPMENT? _____

TOTAL ANNUAL SHIPMENT VALUE? _____

KIDNAPPING & EXTORTION:

TOTAL NUMBER OF EMPLOYEES: _____

COUNTRIES OF ANTICIPATED BUSINESS TRAVEL FOR 30 OR MORE CONSECUTIVE DAYS OUTSIDE DOMICILE:

DESCRIBE ANY PREVIOUS KIDNAP, EXTORTION OR DETENTION INCIDENTS, ATTEMPTS OR THREATS:

DO YOU OR YOUR DIRECTORS OR OFFICERS HAVE KNOWLEDGE OR INFORMATION OF ANY FACT OR CIRCUMSTANCE THAT MAY GIVE RISE TO ANY CLAIM:

COMPANIES TOTAL REVENUE: \$ _____

FOREIGN LOSSES (REQUIRED):

PLEASE ATTACH THREE YEAR TO FIVE YEAR SUMMARY.

COMMENTS:

SPR INS GROUP (TERMS & CONDITIONS):

SIGNATURES REQUIRED

INSURED

ACCOUNT EXECUTIVE