

# Master Policy Referral Form



We can show you more.®

INTERNATIONAL

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

Local Policy Number: \_\_\_\_\_

Master Policy Number (if known): \_\_\_\_\_

Inception/Effective Date: \_\_\_\_\_

Class of Business (Casualty/Property/Marine/Other): \_\_\_\_\_

Country of Loss: \_\_\_\_\_

Date of Referral to the Master Policy: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Date of Notification (to the local insurer): \_\_\_\_\_

Current Total Reserve (in local currency): \_\_\_\_\_

Current Total Paid Position (in local currency): \_\_\_\_\_

Please explain the reason for referral to the Master Policy:

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Documents attached in support of the referral:

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Please email the completed form and supporting documents to [Intref@cna.com](mailto:Intref@cna.com).

**Thank you for providing us with this information!**