



International Solutions

CNA WorldPass[®] Application

Section I. General Information

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 domestic carrier: _____ Current international carrier: _____ 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: _____

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

Years in business: _____

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

Any additional entities/insureds to be covered? Yes No

If "Yes" please list: _____

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

Section II. Coverages Requested (please specify all figures in U.S. dollars)**Property and Business Income** (International locations only)

Location 1: _____

Building construction _____ Sprinklers Yes No Year built/updated _____

Occupancy _____ 24-hour security Yes No Monitored alarm Yes No

Location 2: _____

Building construction _____ Sprinklers Yes No Year built/updated _____

Occupancy _____ 24-hour security Yes No Monitored alarm Yes No

Values/Limits of Insurance:

Location	Building	Business Personal Property	Stock	Business Income	Other
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1.

2.

Please provide complete address of the locations (if insufficient space, please attach schedule).

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

Sales: U.S. exports and/or foreign sales \$ _____

Countries in which the insured will operate or sell products _____

Increased limits requested – per occurrence \$ _____ Annual aggregate \$ _____

Employee Benefits Liability required: Yes No

Does applicant install, service or demonstrate products? Yes No

Are guarantees, warranties, hold harmless agreements provided? Yes No

Are any products manufactured, sold or distributed related to the aircraft, space, maritime or automotive industries? Yes No

Have any products been recalled or discontinued? Yes No

Have any companies/divisions been sold or purchased for which you retain liability? Yes No

Are any products of others sold or repackaged under the applicant's label? Yes No

Are any products manufactured, sold or distributed under label of others? Yes No

Are any new products proposed for introduction during the ensuing year? Yes No

Does applicant own, operate or lease aircraft and/or watercraft? Yes No

Is applicant engaged in any work for or have any contracts with the U. S. or other sovereign government? Yes No

Is the applicant engaged in any other type of business? Yes No

Explain all "Yes" responses: _____

Contractual Liability:

What percentage of work is subcontracted: _____

Are certificates of insurance required from subcontractors? Yes No

If yes, what limits are required? _____

Describe the type of work subcontracted: _____

Describe all hold harmless agreements: dates, contracting party, cost (attach copies): _____

Are there any sole negligence contracts? Yes No

Does applicant lease equipment to others with or without operators? Yes No

Does the applicant draw plans and/or designs or create specifications? Yes No

Explain all "Yes" responses: _____

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

Number of units owned/leased: _____ Country where they are garaged: _____

Number of units non-owned, hired, rented: _____

Describe use of autos: _____

Foreign Voluntary Workers' Compensation and Employers Liability:

Estimated number of short-term and/or reverse trip travel trips (90 days or less) made outside of the United States: _____

Number of trips _____ × Number of travelers _____ = Total number of trips: _____

Describe purpose of trips (e.g., sales, services, installation): _____

Maximum number of people traveling on any one conveyance: _____

Any work performed underground or above 15 feet? Yes No

Domestic Experience Modification Factor (EMOD): _____

Do you have any Defense Base Act contracts? Yes No

If yes, a separate CNA DBA application must be completed and submitted to us for review.

Do you have any Maritime operations? Yes No

If yes, please describe: _____

If UK EL is required, please provide Employers Reference Number (ERN) _____

Explain all "Yes" responses: _____

Please provide payroll for trips longer than 90 days or any travel or overseas work (including but not limited to clerical, installation, manufacturing, service and repair).

Employee Type	Job Classification	Payroll	Country
U.S. Nationals			
Third Country Nationals (Foreign employees working outside their home country)			
Local Nationals (Foreign employees working in their home country/ Employers Liability only)			

International Business Travel Accidental Death and Dismemberment:

Principal sums insured (specify one): \$100,000 \$250,000 \$300,000

Number of employees, spouses and/or dependents traveling: _____

Average number of trips for employees, spouses and dependents: _____

Number and average number of travel days for participants (i.e. not employees, spouses and/or dependents): _____

Average number of travel days for all employees, spouses and dependents: _____

Ocean Cargo: \$100,000 \$250,000 Other: _____

Each shipment value: \$ _____ Annual shipment value: \$ _____ Maximum value per shipment: \$ _____

Shipments containerized? Yes No

International Losses Last Five Years All Lines of Coverage:

Have there been any losses in the last five 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 five years. Please indicate all applicable deductibles, SJRs and impact of losses on aggregates. Discuss all ongoing or potential lawsuits. (Please attach loss runs.)

Any policy or coverage declined, cancelled or non-renewed during the past three 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.