

CNA Passport[®] Application



We can show you more.®

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 & Dependents: _____

Average number of travel days for all Employees, Spouses & 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