

# Chubb International Advantage<sup>®</sup> Application

## Property Supplement

CHUBB<sup>®</sup>

### Applicant Information

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Named Insured

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### Broker Information

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Brokerage Name

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*Coverages Requested (check all that apply)*

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Building       Personal Property       Boiler and Machinery       Business Income/Extra Expense

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*Deductible(s) Requested:*

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\$1,000       \$2,500       \$5,000       \$10,000       \$25,000

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*Perils:*

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All Risk       All Risk (including Flood and Earthquake)

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*Sublimits*

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Earthquake \$      Windstorm: \$      Flood: \$

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### Salesperson's Samples

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Description of Salesperson's Samples:

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Salesperson's Samples Limit: \$

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## Transit

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Description of Goods:

Limit Requested:	\$	Destination of Shipments:	
Estimated Annual # of Shipments:		Annual Value of Shipments:	\$

## Property On Exhibition

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Description of Goods on Exhibition:

Exhibition Limit:	\$	# of Annual Exhibitions	
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## Cargo

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Description of Goods Shipped

Countries:

Limits Requested:	\$	Estimated Annual # of Shipments:	
Annual Value of Shipments:		Certificates Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<small>(if yes, a separate marine cargo policy is required. Supplemental application available at <a href="http://www.aceadvantage.com/applications">www.aceadvantage.com/applications</a>)</small>	

Location Information (complete for each location to be insured or amend any spreadsheet submitted separately to include all information)

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*Complete Location Address*

Street Address:

City, State:

Country, Postal Code:

*Insurable Values*

Building:	\$	Machinery and Equipment:	\$
Merchandise:	\$	Stock:	\$
Other Property:	\$	Boiler & Machinery Sublimit:	\$
Business Income Including Extra Expense: (annual values only)			\$
Country Tax ID:			
Description of other Property:			

# Cope

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## Construction

Year Built:	Type of Construction	Type of Roof :
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## Occupancy

Office Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> No	# Stories:	Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No
Building Square footage:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
Warehouse Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, <input type="checkbox"/> Sole-occupant <input type="checkbox"/> Multi-tenants	If Multi-tenants, List Other Occupants	
Manufacturing Occupancy: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Describe Manufacturing Process:	

## Protection

Is the building Sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Distance to the closest Fire Hydrant:	Distance to the Closest Fire Station:
Other Protection Devices: (Fire alarm, burglar alarms, guards)		

## External Exposure

Nearest Occupants that surround building:	Building Distance from nearest body of water:	
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The undersigned authorized officer of the applicant declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or Chubb, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of  
Applicant's Authorized  
Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of  
Producer: \_\_\_\_\_

Date: \_\_\_\_\_