**Foreign Voluntary Workers Compensation**

**(Global Personnel Protection)**

**Supplemental Questionnaire**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAMED**  **INSURED:** |  | **Policy**  **Term:** | Click here to enter a date. | **to** | Click here to enter a date. |

**A. Trip Travel Information**

***Employees on temporary business travel, including reverse trip travel (i.e. foreign national temporarily traveling to the US on business):***

|  |  |  |  |
| --- | --- | --- | --- |
| **Country of Travel** | **Number of trips\*** | **Purpose of trip** | **Estimated Duration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Number of trips = number of employees x number of trips, counted per person (estimate a trip as two weeks or less). Example: 3 employees traveling for 4 weeks = 3 x (4/2) = 6 trips.

1. What is the maximum number of employees traveling together (aircraft, ground transportation)?

1. Do you utilize a third party vendor to manage employee travel? Yes  No

If yes, please provide name of provider and the services that they provide.

**B. Expatriate Information:**

***US Nationals or Third Country Nationals on a long term\*\* assignment outside home country:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Country /**  **Home State (if US National)** | **Country of Assignment** | **Job Responsibilities** | **Total Remuneration in USD** | |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

***\*\*“Long term” is typically defined as six (6) months or longer***

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

The Applicant’s submission of this Questionnaire does not obligate the Company to issue, or the Applicant to purchase, a policy. The Applicant hereby authorizes the Company to make any inquiry in connection with this Questionnaire. The information requested in this Questionnaire is for underwriting purposes only and does not constitute notice to the Company under any policy of a claim or potential claim.

**COMPLETION OF THIS QUESTIONNAIRE DOES NOT BIND COVERAGE. COVERAGE IS NOT BOUND UNTIL THE APPLICANT ACCEPTS THE COMPANY’S QUOTATION, A BINDER IS ISSUED BY THE COMPANY, AND A POLICY IS SUBSEQUENTLY ISSUED BY THE COMPANY.**

**Agent / Broker Contact:**

|  |  |  |
| --- | --- | --- |
| **Agency / Brokerage:** | **Agent / Broker Name:** | **Email Address:** |
|  |  |  |