



POLICY SPECIFICATIONS (APPLICATION)

INSURED: _____

PERIOD: _____

REINSURING
COMPANY: _____

COVERAGES: _____

INTEREST: _____

PERILS: _____

LOCATION/
TERRITORY: _____

TERMS AND
CONDITIONS: Notice of Cancellation: _____

LIMIT(S) OF
LIABILITY: \$ _____

\$ _____

\$ _____

\$ _____

DEDUCTIBLES): \$ _____

\$ _____

\$ _____

VALUATION: _____

CLAIMS
HANDLING
PROCEDURES: _____

REINSURANCE: 100% or maximum allowable or _____

INFORMATION: Local Insured contact name and address: _____

Local Broker contact name and address: _____

Role if local broker, if any, in the fronting program:

Any other services to be provided by local fronting companies
beyond policy issuance, if any:

Total Worldwide Value: _____

Total US Value: _____

Country exposure: _____

Rate: _____

Stateside Collection (*premium collected in the US*) vs. Local
Collection (*premium collected from local insured or broker in
different countries*): _____

Master Policy No.: _____