

COMMERCIAL PACKAGE QUOTE APPLICATION

Broker Producer Name		Producer Code	Phone
Customer Name:			
Customer Mailing Address:			
Customer Contact Name	Phone	Email	

PLEASE PROVIDE COMPLETE INFORMATION AS REQUESTED

Named Insured:			
Complete Physical Address:			
Line of Business:			
Date of Incorporation	Place of Incorporation (country)	RFC or Corporate Tax ID Number	Country of Origin
Articles of Incorporation Filing Number	Customer Website		Phone Number
Legal Representative Name:			
Country of Citizenship	If the Legal representative is not a Mexican Citizen please provide:	Passport Number	Expiration Date

NARRATIVE DESCRIPTION OF OPERATIONS / MANUFACTURING PROCESS

--

PRIMARY MATERIALS USED IN OPERATIONS / MANUFACTURING PROCESS

--

PLASTIC MOLDING, WELDING OR OPEN FLAME USED ON MANUFACTURING PROCESS (if yes, please specify which process is used, otherwise, indicate "Not Applicable below")

--

LOSS HISTORY FOR THE PAST 5 YEARS (if none, indicate "NONE" below)

Description of the Damages	Date of Loss	Loss Amount

COMMERCIAL PACKAGE QUOTE APPLICATION

MEXICAN GENERAL LIABILITY			
Premises & Operations (each occurrence):	CSL	Annual Aggregate:	CSL
Fire Damage / Fire Legal:	CSL		
Products & Completed Operations:		Type of Distribution for Products:	
ANNUAL SALES AND/OR RECEIPTS BY COUNTRY (if none, please enter 0.00 under each country option below)			
Mexico	United States	Canada	Any Other Country

PROPERTY (Replacement Cost Annual Values)							
Please provide values for each location (if applicable)							
Please Select Perils to be quoted:		All Risk		Earthquake and Volcanic Eruption		Water and Weather Perils	
Loc.	Building	Office Furniture & Fixtures	Tenants Improvements & Betterments	Raw Material and Work in Progress	Machinery & Production Equipment	Finished Goods (Valued at Net Selling Price in USA)	Finished Goods (Valued at Cost in Mexico)
1							
2							
3							
4							
5							

LIMITS FOR BI – Consequential Losses									
Please Select Indemnity Period:		3 Months		6 Months		9 Months		12 Months	
Loc.	Loss of Rents	Continuing Expenses	Salaries	Loss Profits Mexico	Loss Profits In the USA (*)	Extra Expense	BI Totals		
1									
2									
3									
4									
5									

(*)This Limit represents the **LOSS OF PROFITS** the US Parent Company will incur in their books as a result of a **Covered Loss** to the **MEXICAN** Operations

LIMITS FOR ADDITIONAL COVERAGES						
SECTION	Loc. #1	Loc. #2	Loc. #3	Loc. #4	Loc. #5	TOTAL
Burglary and/or Robbery:						
Money and Securities:						
Machinery Breakdown:						
Pressure Vessels:						
Electronic Equipment:						
Contractors Equipment:						
Glass Breakage:						
Luminous Signs:						

COMMERCIAL PACKAGE QUOTE APPLICATION

C.O.P.E. information for Location #1											
Complete Physical Address:											
Name of Contact in Location:											
Main use for this Location:										Part Occupied:	%
Phone Number			Email Address			City Limits			Interest		
						Outside		Inside		Owner	Tenant
Building Total Area:		Year Built:		Other Occupancies:							
Construction Type:		# Stories:		Roof Type:							
Burglar Alarm Type:		# Guards:		No. Extinguishers:							
Sprinklers:		Other Fire Protection:									
Distance to Fire Station:		Distance to Hydrant:									
Do you have Storm Shutter Protection?:			If yes, please provide type:								
Front Exposure and Distance:											
Right Exposure and Distance:											
Back Exposure and Distance:											
Left Exposure and Distance:											
Distance to Sea Line / Body of Water:											
Elevation above Sea Line / Body of Water:											

C.O.P.E. information for Location #2											
Complete Physical Address:											
Name of Contact in Location:											
Main use for this Location:										Part Occupied:	%
Phone Number			Email Address			City Limits			Interest		
						Outside		Inside		Owner	Tenant
Building Total Area:		Year Built:		Other Occupancies:							
Construction Type:		# Stories:		Roof Type:							
Burglar Alarm Type:		# Guards:		No. Extinguishers:							
Sprinklers:		Other Fire Protection:									
Distance to Fire Station:		Distance to Hydrant:									
Do you have Storm Shutter Protection?:			If yes, please provide type:								
Front Exposure and Distance:											
Right Exposure and Distance:											
Back Exposure and Distance:											
Left Exposure and Distance:											
Distance to Sea Line / Body of Water:											
Elevation above Sea Line / Body of Water:											

COMMERCIAL PACKAGE QUOTE APPLICATION

C.O.P.E. information for Location #3											
Complete Physical Address:											
Name of Contact in Location:											
Main use for this Location:										Part Occupied:	%
Phone Number			Email Address			City Limits			Interest		
						Outside		Inside		Owner	Tenant
Building Total Area:		Year Built:		Other Occupancies:							
Construction Type:		# Stories:		Roof Type:							
Burglar Alarm Type:		# Guards:		No. Extinguishers:							
Sprinklers:		Other Fire Protection:									
Distance to Fire Station:		Distance to Hydrant:									
Do you have Storm Shutter Protection?:			If yes, please provide type:								
Front Exposure and Distance:											
Right Exposure and Distance:											
Back Exposure and Distance:											
Left Exposure and Distance:											
Distance to Sea Line / Body of Water:											
Elevation above Sea Line / Body of Water:											

C.O.P.E. information for Location #4											
Complete Physical Address:											
Name of Contact in Location:											
Main use for this Location:										Part Occupied:	%
Phone Number			Email Address			City Limits			Interest		
						Outside		Inside		Owner	Tenant
Building Total Area:		Year Built:		Other Occupancies:							
Construction Type:		# Stories:		Roof Type:							
Burglar Alarm Type:		# Guards:		No. Extinguishers:							
Sprinklers:		Other Fire Protection:									
Distance to Fire Station:		Distance to Hydrant:									
Do you have Storm Shutter Protection?:			If yes, please provide type:								
Front Exposure and Distance:											
Right Exposure and Distance:											
Back Exposure and Distance:											
Left Exposure and Distance:											
Distance to Sea Line / Body of Water:											
Elevation above Sea Line / Body of Water:											

COMMERCIAL PACKAGE QUOTE APPLICATION

C.O.P.E. information for Location #5										
Complete Physical Address:										
Name of Contact in Location:										
Main use for this Location:							Part Occupied:	%		
Phone Number		Email Address			City Limits			Interest		
					Outside		Inside		Owner	Tenant
Building Total Area:		Year Built:		Other Occupancies:						
Construction Type:		# Stories:		Roof Type:						
Burglar Alarm Type:		# Guards:		No. Extinguishers:						
Sprinklers:		Other Fire Protection:								
Distance to Fire Station:		Distance to Hydrant:								
Do you have Storm Shutter Protection?:		If yes, please provide type:								
Front Exposure and Distance:										
Right Exposure and Distance:										
Back Exposure and Distance:										
Left Exposure and Distance:										
Distance to Sea Line / Body of Water:										
Elevation above Sea Line / Body of Water:										

IMPORTANT NOTICE

In addition to the Commercial Package coverage, it is important that you know that you can also provide your clients with optional coverages to fully protect them for all commercial lines exposures while doing operations in Mexico, such as: **International Package** (DIC/DIL); **Kidnap and Ransom**; **Mexican Transportation** (Cargo); **Mexican Business Auto** (vehicle registered in the USA); **Mexican Resident Auto** (vehicles registered in Mexico).

For additional information and specific applications, please contact us.

APPLICANT STATEMENT

The applicant and the producer agree that the information and statements provided on this application are true and correct, and that no information has been withheld that might tend to influence the acceptability of this application. Furthermore, the applicant agrees that the company bases all its declarations and responses for issuance of this insurance policy and its renewals upon the truth of the above statements and understands that any false statement will constitute a breach of warranty causing the insurance to be void. The applicant agrees that the insurance company has the right to conduct an investigation into their financial status, or any other applicable information for the purpose of obtaining this insurance. The company reserves the right to cancel and or reject any and all insurance coverage based on the information obtained from their investigation. The applicant and the producer agree that they have reviewed all information on this application and that all the information, boxes and questions on all pages were complete before signing the application.

Signature of Legal Representative	Title	Date
Producer Signature	Producer Name	Date