



Aerospace WorldSource International Application



Insured Details	
Question	Answers
1. Name Insured	
4. State/Province	
6. Country	

Broker Details	
Question	Answers
7. Broker Contact First Name	
8. Broker Contact Last Name	
9. Broker Contact Phone #	
10. Broker Contact Email	
11. Brokerage Name	
12. Street Address	
13. City	
14. State/Province	
15. Zip	

Submission Details	
Question	Answers
16. This submission is a:	
17. SIC Code (if known)	
17.1. If not available in the above list, please enter the SIC Code here (if known)	
18. Description of Operations	
19. Aircraft type and use	
20. Estimated Total Company Revenue	\$
21. Number of owned/leased foreign premise	
22. Any prior International losses?	
22.1. If yes, please provide details	
23. Please provide the most accurate estimated international trip count range.	
24. What is the maximum employee flight concentration?	
25. Average Trip Duration	
26. Please list typical and expected foreign country destinations	
27. Average employee concentration per flight	
28. Is the insured involved in any of the following?	
28.1. Does the insured anticipate any travel to Iraq/Afghanistan?	
28.2. (Medical) Evacuation services	
28.3. US defense contractor work	