



2535 Landmark Drive  
Suite 102  
Clearwater, FL 33761  
(727) 734-0040  
[www.LeoRiskServices.com](http://www.LeoRiskServices.com)

Date Quote Needed (mm/dd/yyyy) / /	Intended Inception Date (mm/dd/yyyy) / /	Underwriter Name:	Phone No. ( ) -
Insured		SIC Code:	
Mailing Address		Web Address	
City		State-Zip	-
Contact Name	Contact Phone ( ) -	Contact E-mail	
Nature of Business, Description of Products/Operations (Please attach brochures when available.):			
Agency Name		Producer Name	
Mailing Address			
City	State-Zip -	Phone ( ) -	Fax ( ) -

**Coverages**

<input type="checkbox"/> <b>General Liability</b>			
Estimated U.S. Export and/or Foreign Sales or Revenue: \$			
Countries outside the U.S. in which the insured will operate or sell products:			
Limits of Insurance: Per Occurrence \$		Annual Aggregate \$	
<input type="checkbox"/> <b>Automobile Liability (Excess/DIC)</b>			
Number of Units:			
Owned		Hired/Non-Owned	
<input type="checkbox"/> <b>Foreign Voluntary Workers' Compensation, Employers Liability, and Repatriation</b>			
Estimated number of trips (less than 30 days) outside the U.S.:		Number of employees traveling per trip:	
Purpose of trips (e.g. sales, meetings)		Approximate # of travel days per trip	
List the countries where employees will travel :			
Foreign Payroll:		Occupation:	
U.S. Nationals: ( US Expatriates or employees traveling over 30 days in duration) \$		Occupation:	
Third Country Nationals: \$		Occupation:	
Local Nationals: \$		Occupation:	
<input type="checkbox"/> <b>Defense Base Act Coverage or Maritime Employers Liability required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> <b>Property</b>	Street	City	Country Zip/Postal Code
Location Address:			
Building Construction:		Occupancy:	
Sprinklers: Yes <input type="checkbox"/> No <input type="checkbox"/>		24hr Security Yes <input type="checkbox"/> No <input type="checkbox"/> Monitored Alarm Yes <input type="checkbox"/> No <input type="checkbox"/>	
Values/Limits of Insurance:			
Building	Business Personal Property	Stock/Inventory	
\$	\$	\$	
<input type="checkbox"/> <b>Accidental, Death &amp; Dismemberment:</b> Principal Sums Insured (specify one): <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000			
<input type="checkbox"/> <b>Kidnap &amp; Ransom:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<input type="checkbox"/> <b>Ocean Cargo:</b> Each Shipment Value: \$		Annual Shipment Value: \$	
Maximum Value Per Shipment \$		Shipments Containerized?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> <b>Additional International Coverages:</b> (please specify):			
Current Carrier: Domestic:		International:	Expiring Premium :
Foreign Losses Last 5 Years: <input type="checkbox"/> None <input type="checkbox"/> Yes (if yes, attach loss runs)			
Insured Signature		Date (mm/dd/yyyy) / /	