

16. Describe in Detail your Organization's Security Plans:

17. Planned Housing While in Country:

18. Organization's Prior Loss History on This Type of Coverage:

19. Will the Organization be Paying the Premium for:

Contractors: **Yes** **No**

Volunteers: **Yes** **No**

Other (Please specify):

NOTE: HOST COUNTRY NATIONALS NOT ELIGIBLE

19. Premium Report/ Enrollment Form - A Premium Report and Enrollment Form will be provided to you. Premium and enrollment are due monthly in advance.

20. PLEASE PROVIDE THE NAME AND PHONE NUMBER OF A CONTACT IN YOUR COMPANY/AGENCY THAT MAY BE REACHED IN CASE OF EMERGENCY:

We hereby request coverage based on the information above.

Signed: _____

Date:

Name and Title: _____

Please return your completed Application to:

FAX: 703-935-0366

Application for War Risk Insurance

Roster of Insured Lives

Principle Sum Insured: US\$ _____

Insured Person's Full Name Country of Residence Monthly Salary _____

1. _____ \$ _____
Beneficiary Name _____ Relation _____

2. _____ \$ _____
Beneficiary Name _____ Relation _____

3. _____ \$ _____
Beneficiary Name _____ Relation _____

4. _____ \$ _____
Beneficiary Name _____ Relation _____

5. _____ \$ _____
Beneficiary Name _____ Relation _____

***** AREA 1: Afghanistan, Chechnya, Iran, Iraq, Israel (West Bank & Gaza only), Kuwait, North Korea, Pakistan. The list of High Risk Countries is subject to change according to prevailing risk/security conditions.**

**** AREA 2: Burundi, Chad, Dem. Republic of Congo, Indonesia, Ivory Coast, Lebanon, Liberia, Nigeria, Philippines, Saudi Arabia, Somalia, Sri Lanka, Sudan, Syria, Uzbekistan, Zimbabwe. The list of High Risk Countries is subject to change according to prevailing risk/security conditions.**

*** AREA 3: All other countries (countries NOT listed in Area 1 or Area 2), or the Insured Person's country of permanent residence.**

Rates may vary for certain occupations, such as security, heavy machinery, aircraft pilots and crew, military, etc. Call Travel Insurance Center 866-979-6753 for quotes

Please Circle Plan and Benefit Level Desired

All Amounts in US Dollars

Principal Sum	Standard Risk Area 3 Countries***	High Risk Area 2 Countries**	High Risk Area 1 Countries*
\$50,000	\$45	\$159	\$270
\$100,000	\$76	\$229	\$390
\$150,000	\$91	\$299	\$510
\$200,000	\$106	\$369	\$630
\$250,000	\$121	\$435	\$750
\$300,000	\$136	\$499	\$870

One Month Premiums - Enhanced Plan

All Amounts in US Dollars

Principal Sum	Standard Risk Area 3 Countries***	High Risk Area 2 Countries**	High Risk Area 1 Countries*
\$50,000	\$110	\$493	\$875
\$100,000	\$138	\$616	\$1,094
\$150,000	\$153	\$795	\$1,438
\$200,000	\$168	\$1,036	\$1,905
\$250,000	\$193	\$1,322	\$2,450
\$300,000	\$208	\$1,554	\$2,900

One Month Premiums - Long Term Plan

All Amounts in US Dollars

Principal Sum	Standard Risk Area 3 Countries***	High Risk Area 2 Countries**	High Risk Area 1 Countries*
\$50,000	\$55	\$179	\$305
\$100,000	\$89	\$269	\$449

\$150,000	\$105	\$335	\$565
\$200,000	\$119	\$395	\$669
\$250,000	\$135	\$465	\$795
\$300,000	\$149	\$540	\$929