

Send completed application to:

Insurance Consultants International 19760 Knights Crossing Suite 1C Monument, CO 80132

Email: orders@missiontripinsurance.com Fax: 1-832-201-7553 Phone: 1-719-573-9080

General Application Required for All Policies (Please print clearly or you may apply online at professionalsabroad.clements.com)

Client Status New Former Current Date M ___ D ___ Y ___

How did you hear about Clements International? _____

1. First Name _____ M.I. _____ Last Name _____ Date of Birth M ___ D ___ Y ___ Sex M F

2. Citizenship _____ Occupation _____ Employer _____

3. Foreign Destination Address _____
 _____ City _____ Country _____

How long do you anticipate staying at this location? _____ Date leaving for foreign destination? _____

4. Home Country Address _____

5. Home Ph # _____ Work Ph # _____ Fax # _____ E-mail _____

6. Marital Status Married Single Name of Spouse _____ Date of Birth M ___ D ___ Y ___

7. No. of Dependents Insured _____

GlobalEffects® Application

Choose One **Plan 1** (Transit & Destination Coverage) **Plan 2** (Destination Coverage Only)

Unscheduled Coverage

Value of Unscheduled Coverage

*Please note that policies require at least \$5,000. of coverage.
 All effects to be valued at replacement cost.*

	Foreign Destination	Commercial Storage
a. Clothing (insured & dependents)	\$ _____	\$ _____
b. Bedding & linens	\$ _____	\$ _____
c. Furniture (also includes pianos and antiques)	\$ _____	\$ _____
d. Rugs and draperies	\$ _____	\$ _____
e. Clocks, lamps, mirrors	\$ _____	\$ _____
f. Books	\$ _____	\$ _____
g. TV sets, stereos, VCR's, DVD players, and other electronic equipment (excluding cameras)	\$ _____	\$ _____
h. DVD's, CD's, videotapes, other electronic media	\$ _____	\$ _____
i. China, glassware, flatware (excluding silver)	\$ _____	\$ _____
j. Sports & hobby equipment	\$ _____	\$ _____
k. Scientific & professional equipment	\$ _____	\$ _____
l. PDAs, calculators	\$ _____	\$ _____
m. Large and small appliances	\$ _____	\$ _____
n. All other personal property: includes luggage, consumables, etc.	\$ _____	\$ _____
Total I.	\$ _____	II. \$ _____

Scheduled Coverage

A separate itemized list including descriptions and values per item **is required** for Scheduled Coverage. An appraisal or purchase receipt is required for each item valued at \$10,000. or more.

	Value of Scheduled Coverage
a. Jewelry	\$ _____
b. Fine Arts	\$ _____
c. Silver	\$ _____
d. Cameras and Equipment	\$ _____
e. Furs	\$ _____
f. Oriental Rugs	\$ _____
g. Musical Instruments	\$ _____
h. Stamp and Coin Collections	\$ _____
i. Home Computers/Laptops	\$ _____
Total III.	\$ _____

GlobalEffects® Summary Application

Effective Coverage Date		Amount of Coverage	Premium
M ___ D ___ Y ___	I. Foreign Destination Coverage	\$ _____	\$ _____
<input type="checkbox"/> Please send me an application in order to apply for International Umbrella Coverage.	II. Commercial Storage	\$ _____	\$ _____
	III. Scheduled Coverage	\$ _____	\$ _____
	IV. Personal Liability	\$ _____	\$ _____
	Total Premium	\$ _____	\$ _____