

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 815 (2009/02)	International Liability Exposure Supplement	The title of the form. ACORD 815, International Liability Exposure Supplement, is used to provide information about any liability coverage to be provided with respect to business activities or exposures outside of the United States. This supplement gets attached to ACORD 126, Commercial General Liability Section.
IDENTIFICATION SECTION	Date	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
IDENTIFICATION SECTION	First Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page. As used here, this is the first named insured.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
IDENTIFICATION SECTION	List Countries Where Applicant or Employees will Work, Travel to or Sell Products	Enter text: The countries where applicant or employees will work, travel to or sell products.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION	Nature of Business / Description of Foreign Operations	Enter text: The text description of the operations of this risk or insured. As used here, this section is designed to inform the underwriter of what business each applicant performs and the way it is conducted by premises. Operations which may not be apparent in a general description of operations may be segmented by location (e.g., location #1 is a sales office in Paris, France, location #2 is a warehouse in Berlin, Germany). Include number of leased and owned premises outside of the United States. The section should be completed in enough detail to enable the underwriter to understand and classify each operation. Do not use the classification wording from the Commercial Lines Manual or Workers Compensation Manual. They do not provide adequate detail. Example: a manufacturer of pulley wheels used in sewing machines should be described as such and not as "Metal Goods Mfg. N.O.C."
IDENTIFICATION SECTION	Does the Applicant have any Foreign Subsidiaries? Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Does the applicant have any foreign subsidiaries?"
LOSS HISTORY OUTSIDE OF THE US	Chk here if none	Check the box (if applicable): Indicates there are no prior losses or occurrences that may give rise to claims for the mandated number of years.
LOSS HISTORY OUTSIDE OF THE US	See attached loss summary	Check the box (if applicable): Indicates that a loss summary report is attached to the policy.
LOSS HISTORY OUTSIDE OF THE US	Date of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY OUTSIDE OF THE US	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY OUTSIDE OF THE US	Type / Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY OUTSIDE OF THE US	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY OUTSIDE OF THE US	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY OUTSIDE OF THE US	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY OUTSIDE OF THE US	Claim Status - Open	Check the box (if applicable): Indicates the claim is still open.
LOSS HISTORY OUTSIDE OF THE US	Claim Status - Closed	Check the box (if applicable): Indicates the claim is closed.
LOSS HISTORY OUTSIDE OF THE US	Date of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.

Section Name	Field Name	Field and/or Section Description
LOSS HISTORY OUTSIDE OF THE US	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY OUTSIDE OF THE US	Type / Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY OUTSIDE OF THE US	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY OUTSIDE OF THE US	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY OUTSIDE OF THE US	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY OUTSIDE OF THE US	Claim Status - Open	Check the box (if applicable): Indicates the claim is still open.
LOSS HISTORY OUTSIDE OF THE US	Claim Status - Closed	Check the box (if applicable): Indicates the claim is closed.
LOSS HISTORY OUTSIDE OF THE US	Date of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY OUTSIDE OF THE US	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY OUTSIDE OF THE US	Type / Description of Occurrence or Claim	Enter text: A brief description of the loss.
LOSS HISTORY OUTSIDE OF THE US	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY OUTSIDE OF THE US	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY OUTSIDE OF THE US	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY OUTSIDE OF THE US	Claim Status - Open	Check the box (if applicable): Indicates the claim is still open.
LOSS HISTORY OUTSIDE OF THE US	Claim Status - Closed	Check the box (if applicable): Indicates the claim is closed.
LOSS HISTORY OUTSIDE OF THE US	Date of Occurrence	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY OUTSIDE OF THE US	Line	Enter text: The line of business involved in the loss (e.g. Automobile Liability, Property, General Liability).
LOSS HISTORY OUTSIDE OF THE US	Type / Description of Occurrence or Claim	Enter text: A brief description of the loss.

Section Name	Field Name	Field and/or Section Description
LOSS HISTORY OUTSIDE OF THE US	Date of Claim	Enter date: The date the claim was filed.
LOSS HISTORY OUTSIDE OF THE US	Amount Paid	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY OUTSIDE OF THE US	Amount Reserved	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY OUTSIDE OF THE US	Claim Status - Open	Check the box (if applicable): Indicates the claim is still open.
LOSS HISTORY OUTSIDE OF THE US	Claim Status - Closed	Check the box (if applicable): Indicates the claim is closed.
LOSS HISTORY OUTSIDE OF THE US	Remarks	Enter text: The remarks associated with loss history information
PRIOR INTERNATIONAL COVERAGE	Prior carrier and producer	Enter text: The name of the previous insurer.
PRIOR INTERNATIONAL COVERAGE		Enter text: The name of the previous producer.
PRIOR INTERNATIONAL COVERAGE	# of Years with Company	Enter number: The number of years with the previous insurer.
PRIOR INTERNATIONAL COVERAGE	Prior Policy Number	Enter identifier: The policy number of the previous coverage.
PRIOR INTERNATIONAL COVERAGE	Expiration Date	Enter date: The expiration date of the previous coverage.
PRIOR INTERNATIONAL COVERAGE	Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
COVERAGES / LIMITS	Limits - Foreign Sales - Occurrence	Enter limit: The commercial general liability international coverage, foreign sales each occurrence limit amount.
COVERAGES / LIMITS	Limits - Foreign Sales - Aggregate	Enter limit: The commercial general liability international coverage, foreign sales aggregate limit amount.
COVERAGES / LIMITS	Limits - Foreign Sales - Excess	Enter limit: The commercial general liability international coverage, foreign sales excess limit amount.
COVERAGES / LIMITS	Limits - Contract Cost - Occurrence	Enter limit: The commercial general liability international coverage, contract cost each occurrence limit amount.
COVERAGES / LIMITS	Limits - Contract Cost - Aggregate	Enter limit: The commercial general liability international coverage, contract cost aggregate limit amount.
COVERAGES / LIMITS	Limits - Contract Cost - Excess	Enter limit: The commercial general liability international coverage, contract cost excess limit amount.

Section Name	Field Name	Field and/or Section Description
COVERAGES / LIMITS	Coverages - Contingent Auto - Number of foreign owned autos:	Enter number: The number of foreign owned vehicles.
COVERAGES / LIMITS	Limits - Contingent Auto - Occurrence	Enter limit: The commercial general liability international coverage, contingent auto each occurrence limit amount.
COVERAGES / LIMITS	Limits - Contingent Auto - Excess	Enter limit: The commercial general liability international coverage, contingent auto excess limit amount.
COVERAGES / LIMITS	Limits - Employers Liability - Occurrence	Enter limit: The commercial general liability international coverage, employers liability each occurrence limit amount.
COVERAGES / LIMITS	Limits - Employers Liability - Excess	Enter limit: The commercial general liability international coverage, employers liability excess limit amount.
OTHER COVERAGES	Employers Responsibility - Limit	Enter limit: The commercial general liability international coverage, employers responsibility limit amount.
OTHER COVERAGES	Per Employee	Check the box (if applicable): Indicates the employers responsibility limit is per employee.
OTHER COVERAGES	Per Occurrence	Check the box (if applicable): Indicates the employers responsibility limit is per occurrence.
OTHER COVERAGES	Trip Purpose	Enter text: The purpose of the trip.
OTHER COVERAGES	Number of Trips	Enter number: The number of trips.
OTHER COVERAGES	Duration (Average Length of Stay)	Enter text: The average length of stay per trip.
OTHER COVERAGES	Days	Check the box (if applicable): Indicates the trip duration count is in days.
OTHER COVERAGES	Weeks	Check the box (if applicable): Indicates the trip duration count is in weeks.
OTHER COVERAGES	Months	Check the box (if applicable): Indicates the trip duration count is in months.
OTHER COVERAGES	Trip Purpose	Enter text: The purpose of the trip.
OTHER COVERAGES	Number of Trips	Enter number: The number of trips.
OTHER COVERAGES	Duration (Average Length of Stay)	Enter text: The average length of stay per trip.
OTHER COVERAGES	Days	Check the box (if applicable): Indicates the trip duration count is in days.
OTHER COVERAGES	Weeks	Check the box (if applicable): Indicates the trip duration count is in weeks.
OTHER COVERAGES	Months	Check the box (if applicable): Indicates the trip duration count is in months.
OTHER COVERAGES	Trip Purpose	Enter text: The purpose of the trip.
OTHER COVERAGES	Number of Trips	Enter number: The number of trips.
OTHER COVERAGES	Duration (Average Length of Stay)	Enter text: The average length of stay per trip.
OTHER COVERAGES	Days	Check the box (if applicable): Indicates the trip duration count is in days.

Section Name	Field Name	Field and/or Section Description
OTHER COVERAGES	Weeks	Check the box (if applicable): Indicates the trip duration count is in weeks.
OTHER COVERAGES	Months	Check the box (if applicable): Indicates the trip duration count is in months.
OTHER COVERAGES	Employees Abroad - Job Functions performed	Enter text: The description of the job functions performed.
OTHER COVERAGES	Number of U.S. Nationals	Enter number: The number of United States nationals on the payroll.
OTHER COVERAGES	Payroll - U.S. Nationals	Enter amount: The total annual payroll of United States nationals outside of the United States.
OTHER COVERAGES	Number of Third Country Nationals	Enter number: The number of third country nationals on the payroll.
OTHER COVERAGES	Payroll - Third Country Nationals	Enter amount: The total annual payroll of third country nationals outside of the United States.
OTHER COVERAGES	Number of Local Nationals	Enter number: The number of local nationals on the payroll.
OTHER COVERAGES	Payroll - Local Nationals	Enter amount: The total annual payroll of local nationals outside of the United States.
OTHER COVERAGES	Employees Abroad - Job Functions performed	Enter text: The description of the job functions performed.
OTHER COVERAGES	Number of U.S. Nationals	Enter number: The number of United States nationals on the payroll.
OTHER COVERAGES	Payroll - U.S. Nationals	Enter amount: The total annual payroll of United States nationals outside of the United States.
OTHER COVERAGES	Number of Third Country Nationals	Enter number: The number of third country nationals on the payroll.
OTHER COVERAGES	Payroll - Third Country Nationals	Enter amount: The total annual payroll of third country nationals outside of the United States.
OTHER COVERAGES	Number of Local Nationals	Enter number: The number of local nationals on the payroll.
OTHER COVERAGES	Payroll - Local Nationals	Enter amount: The total annual payroll of local nationals outside of the United States.
OTHER COVERAGES	Employees Abroad - Job Functions performed	Enter text: The description of the job functions performed.
OTHER COVERAGES	Number of U.S. Nationals	Enter number: The number of United States nationals on the payroll.
OTHER COVERAGES	Payroll - U.S. Nationals	Enter amount: The total annual payroll of United States nationals outside of the United States.
OTHER COVERAGES	Number of Third Country Nationals	Enter number: The number of third country nationals on the payroll.
OTHER COVERAGES	Payroll - Third Country Nationals	Enter amount: The total annual payroll of third country nationals outside of the United States.
OTHER COVERAGES	Number of Local Nationals	Enter number: The number of local nationals on the payroll.

Section Name	Field Name	Field and/or Section Description
OTHER COVERAGES	Payroll - Local Nationals	Enter amount: The total annual payroll of local nationals outside of the United States.
OTHER COVERAGES	Medical \$	Enter limit: The commercial general liability international coverage, employers medical and accidental death and dismemberment, medical limit amount.
OTHER COVERAGES	AD&D \$	Enter limit: The commercial general liability international coverage, employers medical and accidental death and dismemberment, accidental death and dismemberment limit amount.
OTHER COVERAGES	Number of Employees	Enter number: The number of employees.
OTHER COVERAGES	Number of Trips	Enter number: The number of trips.
OTHER COVERAGES	Duration (Average Length of Stay)	Enter text: The average length of stay per trip.
OTHER COVERAGES	Days	Check the box (if applicable): Indicates the employers medical and AD&D trip duration count is in days.
OTHER COVERAGES	Weeks	Check the box (if applicable): Indicates the employers medical and AD&D trip duration count is in weeks.
OTHER COVERAGES	Months	Check the box (if applicable): Indicates the employers medical and AD&D trip duration count is in months.
OTHER COVERAGES	Separate Applications required for: Kidnap and Extortion	Check the box (if applicable): Indicates the Kidnap/Ransom section is attached to this policy.
OTHER COVERAGES	Separate Applications required for: Property	Check the box (if applicable): Indicates the Property section is attached to this policy.
OTHER COVERAGES	Separate Applications required for: Defense Base Act	Check the box (if applicable): Indicates the Defense Base Act section is attached to this policy.
OTHER COVERAGES	Separate Applications required for: Other	Check the box (if applicable): Indicates that a section that is not listed specifically on the form is attached to this policy.
OTHER COVERAGES	Separate Applications required for: Other Description	Enter text: The type of section being attached to the policy.
OTHER COVERAGES	Remarks	Enter text: The remarks associated with the general liability line of business.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Applicant's Title	Enter text: The title of the individual in the organization or his relationship to the organization.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
EDITION	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).