

**Universal wording updates to improve clarity and intent were made to all FIG text for this form on 04/17/2009.**

Section Name	Field Name	Field and/or Section Description
<b>TITLE ACORD 816 (2005/06)</b>	<b>International Property Exposure Supplement (Attach to ACORD 140, Property Section)</b>	The title of the form. ACORD 816, International Property Exposure Supplement, is used to provide information about any property coverage to be provided at locations outside of the United States. This supplement gets attached to the ACORD 140, Property Section.
<b>IDENTIFICATION SECTION</b>	<b>Date</b>	Enter date: The month/day/year on which the form is completed. (MM/DD/YYYY)
<b>IDENTIFICATION SECTION</b>	<b>Agency</b>	Enter text: The full name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line one of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address line two of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter text: The mailing address city name of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address state or province code of the producer/agency.
<b>IDENTIFICATION SECTION</b>		Enter code: The mailing address postal code of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Phone</b>	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
<b>IDENTIFICATION SECTION</b>	<b>Fax</b>	Enter number: The fax number of the producer/agency.
<b>IDENTIFICATION SECTION</b>	<b>Code</b>	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
<b>IDENTIFICATION SECTION</b>	<b>Sub Code</b>	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g. agency or brokerage).
<b>IDENTIFICATION SECTION</b>	<b>Applicant</b>	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
<b>IDENTIFICATION SECTION</b>	<b>Address of Locations to be Insured Outside of the US</b>	Enter text: The first address line of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The second address line of the commercial structure.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>IDENTIFICATION SECTION</b>		Enter text: The city of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The county of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter code: The state of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter code: The postal code of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter code: The country code of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The first address line of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The second address line of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The city of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The county of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter code: The state of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter code: The postal code of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter code: The country code of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The first address line of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The second address line of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The city of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter text: The county of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter code: The state of the commercial structure.
<b>IDENTIFICATION SECTION</b>		Enter code: The postal code of the commercial structure.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
IDENTIFICATION SECTION		Enter code: The country code of the commercial structure.
IDENTIFICATION SECTION		Enter text: The first address line of the commercial structure.
IDENTIFICATION SECTION		Enter text: The second address line of the commercial structure.
IDENTIFICATION SECTION		Enter text: The city of the commercial structure.
IDENTIFICATION SECTION		Enter text: The county of the commercial structure.
IDENTIFICATION SECTION		Enter code: The state of the commercial structure.
IDENTIFICATION SECTION		Enter code: The postal code of the commercial structure.
IDENTIFICATION SECTION		Enter code: The country code of the commercial structure.
IDENTIFICATION SECTION		Enter text: The first address line of the commercial structure.
IDENTIFICATION SECTION		Enter text: The second address line of the commercial structure.
IDENTIFICATION SECTION		Enter text: The city of the commercial structure.
IDENTIFICATION SECTION		Enter text: The county of the commercial structure.
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IDENTIFICATION SECTION		Enter code: The postal code of the commercial structure.
IDENTIFICATION SECTION		Enter code: The country code of the commercial structure.
IDENTIFICATION SECTION		Enter text: The first address line of the commercial structure.
IDENTIFICATION SECTION		Enter text: The second address line of the commercial structure.
IDENTIFICATION SECTION		Enter text: The city of the commercial structure.

Section Name	Field Name	Field and/or Section Description
IDENTIFICATION SECTION		Enter text: The county of the commercial structure.
IDENTIFICATION SECTION		Enter code: The state of the commercial structure.
IDENTIFICATION SECTION		Enter code: The postal code of the commercial structure.
IDENTIFICATION SECTION		Enter code: The country code of the commercial structure.
IDENTIFICATION SECTION	Nature of Business/Description of Foreign Operations	Enter text: The description 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.".
LOSS HISTORY OUTSIDE OF THE US	Check Here If None (Checkbox)	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 (Checkbox)	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 One	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
LOSS HISTORY OUTSIDE OF THE US	Location One	Enter number: The location number for the premises.
LOSS HISTORY OUTSIDE OF THE US	Type/Description of Occurrence or Claim One	Enter text: A brief description of the loss.
LOSS HISTORY OUTSIDE OF THE US	Date of Claim One	Enter date: The date the claim was filed.
LOSS HISTORY OUTSIDE OF THE US	Amount Paid One	Enter amount: The amount that has been paid on this claim to date.
LOSS HISTORY OUTSIDE OF THE US	Amount Reserved One	Enter amount: The reserve amount the previous carrier is holding open for this claim.
LOSS HISTORY OUTSIDE OF THE US	Claim Status-Open (Checkbox) One	Check the box (if applicable): Indicates the claim is still open.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Claim Status-Closed (Checkbox) One</b>	Check the box (if applicable): Indicates the claim is closed.
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Date of Occurrence Two</b>	Enter date: The date when the accident or incident occurred that resulted in the filing of a claim.
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Location Two</b>	Enter number: The location number for the premises.
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Type/Description of Occurrence or Claim Two</b>	Enter text: A brief description of the loss.
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Date of Claim Two</b>	Enter date: The date the claim was filed.
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Amount Paid Two</b>	Enter amount: The amount that has been paid on this claim to date.
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Amount Reserved Two</b>	Enter amount: The reserve amount the previous carrier is holding open for this claim.
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Claim Status-Open (Checkbox) Two</b>	Check the box (if applicable): Indicates the claim is still open.
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Claim Status-Closed (Checkbox) Two</b>	Check the box (if applicable): Indicates the claim is closed.
<b>LOSS HISTORY OUTSIDE OF THE US</b>	<b>Remarks</b>	Enter text: The remarks associated with loss history information
<b>PRIOR INTERNATIONAL COVERAGE</b>	<b>Prior carrier and producer</b>	Enter text: The name of the previous insurer.
<b>PRIOR INTERNATIONAL COVERAGE</b>		Enter text: The name of the previous producer.
<b>PRIOR INTERNATIONAL COVERAGE</b>	<b># of Years with Company</b>	Enter number: The number of years with the previous insurer.
<b>PRIOR INTERNATIONAL COVERAGE</b>	<b>Prior Policy Number</b>	Enter identifier: The policy number of the previous coverage.
<b>PRIOR INTERNATIONAL COVERAGE</b>	<b>Expiration Date</b>	Enter date: The expiration date of the previous coverage.
<b>PRIOR INTERNATIONAL COVERAGE</b>	<b>Premium (\$)</b>	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Salesperson Samples-Description Of Salesperson Samples</b>	Enter text: The description of the type of samples carried by the salesperson. (e.g., pharmaceutical products, carpet or flooring samples)

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Limit</b>	Enter limit: The commercial property international exposure salesperson samples limit amount.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Transit-Description Of Goods</b>	Enter text: The description of the type of product transported (e.g., pharmaceutical products, rolls of carpet or flooring tiles).
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Limit</b>	Enter limit: The commercial property international exposure transit limit amount.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Mode of Transportation</b>	Enter code: The method of transporting the product (e.g., air freight, railroad, ship vessel).
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Estimated Annual Shipments</b>	Enter number: The number of expected shipments on an annual basis.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Annual Value of Shipments</b>	Enter amount: The estimate of the value of expected shipments on an annual basis.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Destination of Shipments</b>	Enter text: The countries to which products will be shipped.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Property on Exhibition-Description of Goods</b>	Enter text: The description of the type of property that will be exhibited.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Limit</b>	Enter limit: The commercial property international exposure property on exhibition limit amount.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Number of Annual Exhibitions</b>	Enter number: The number of exhibitions on an annual basis.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Countries</b>	Enter text: The countries where the exhibitions will take place.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Cargo-Description of Goods Shipped</b>	Enter text: The description of the type of goods shipped.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Limit (\$)</b>	Enter limit: The commercial property international exposure cargo limit amount.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Other One</b>	Enter text: The description of the coverage.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Limit (\$) One</b>	Enter limit: The commercial property international exposure other coverage limit amount.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Other Two</b>	Enter text: The description of the coverage.
<b>OTHER COVERAGES NOT DESCRIBED IN ACORD 140</b>	<b>Limit (\$) Two</b>	Enter limit: The commercial property international exposure other coverage limit amount.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Applicant's Title</b>	Enter text: The title of the individual in the organization or his relationship to the organization.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the named insured.
<b>Edition</b>	<b>Date</b>	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).