

International Territory Coverage

General Star Management Company is pleased to provide worldwide coverage specifically designed to enhance our coverage offerings for products oriented risks. In conjunction with other recent coverage enhancements available for select risks, General Star continues to expand our coverage offerings to meet the insurance needs of product manufacturers, fabricators, distributors, importers and exporters.

Why Coverage is Offered

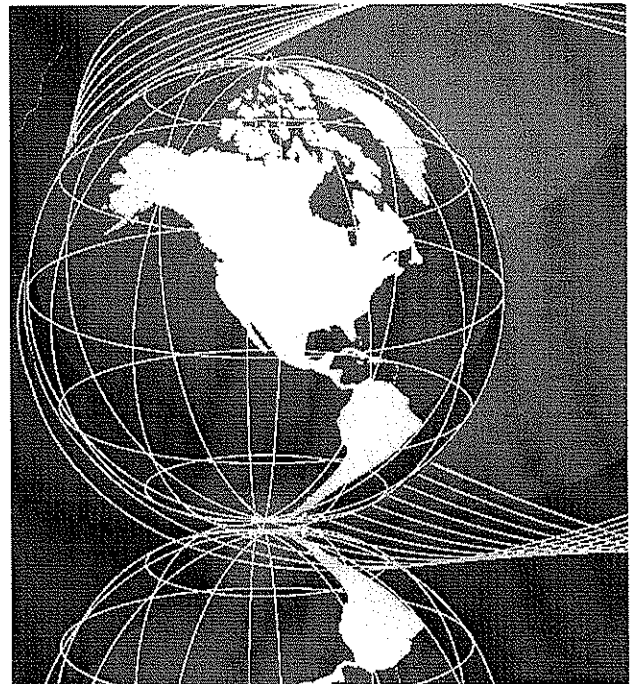
- Many U.S. domiciled companies are distributing products in foreign countries.
- Judgments for claims in foreign jurisdictions may be held up in U.S. courts (in compliance with U.S. law) regardless of whether an insured has any foreign presence.
- Most domestic liability insurance only provides coverage in the U.S.

What Coverage is Offered?

- Damages and defense costs coverage for the products-completed operations hazard and short term travel/business activities on our Commercial General Liability Policy.
- Damages and defense costs coverage for the products-completed operations hazard on our Products-Completed Operations Liability Policy.
- Coverage is available in many countries or jurisdictions.
- Expert claims handling by General Star with the assistance of an internationally recognized adjusting company.

Risk Appetite

- Target Premium size of \$15,000 to \$100,000 (for both U.S. and worldwide premium combined)
- U.S. domiciled risks that are manufacturing, distributing or exporting products internationally



**Eligible Exposures**

Manufacturers, distributors, exporters of a wide variety of products including but not limited to:

- > Automobile parts and specialty automobiles
- > Watercraft and watercraft products
- > Sporting goods
- > Toys
- > Medical products
- > Nutraceuticals
- > Scientific products
- > Railroad products
- > Machinery
- > Cosmetics
- > Security products
- > Motorcycles

Ineligible Exposures

- > Foreign entities/organizations
- > Risks with only foreign revenues

How to Contact General Star

All submissions accepted via e-mail, fax or mail:

gsubmit@generalstar.com

fax 866 464 3678

Financial Centre, 695 East Main Street, Stamford, CT 06904

Underwriting is centralized in Stamford, Connecticut
(203 328 5700)

For additional information, please contact:

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General Star Management Company

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General Star National Insurance Company is licensed in the District of Columbia, Puerto Rico and all states except Connecticut, where it is an eligible surplus lines insurer. General Star Indemnity Company is an eligible surplus lines insurer in the District of Columbia, Puerto Rico, the Virgin Islands and all states except Connecticut, where it operates as a licensed insurer. Insurance is placed with the General Star companies by licensed wholesale brokers and, for risks that qualify, by licensed surplus lines brokers. General Star National Insurance Company and General Star Indemnity Company are rated A++ (Superior) by A.M. Best Company and have a AAA Insurance Financial Strength Rating from Standard & Poor's Corporation. Not all coverages described above are available in all states. Availability of coverage depends on underwriting qualifications and state regulations. Coverage for claims or losses depends on policy language.

SUPPLEMENTAL WORLDWIDE COVERAGE FOR THE PRODUCTS/COMPLETED OPERATIONS HAZARD AND SHORT TERM BUSINESS ACTIVITIES FOR ENTITIES OR ORGANIZATIONS DOMICILED IN THE UNITED STATES APPLICATION



Applicant's Instructions:

- Coverage is available for the products completed operations hazard and short term business activities on a Commercial General Liability Policy
- Coverage is available for the products completed operations hazard on a Products Completed Operations Liability Policy.
- Coverage is available for entities or organizations domiciled in the United States of America.
- No Coverage is available for entities or organizations domiciled outside the United States of America.
- Foreign or local coverage required by law, regulation or other governmental authority, where applicable, must be fully maintained.

Answer all questions. If the question does not apply, please write N/A or Not Applicable. Please read carefully the statement at the end of the application.

Please Type or Print

1. Full name of all entities of the applicant:

2. Addresses of all entities:

3. Contact name: _____ Title: _____
Telephone: _____ Website: _____

4. Description of Products/Years risk has been selling products internationally: _____

5. List countries where applicant has gross sales:

Country	Gross sales
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. List countries and number of trips annually where applicant will travel to for short term business activities:

7. Does applicant have current international coverage? If yes, describe. _____

8. Claim History – List all individual claims or losses in the past 5 years including expenses arising out side of the United States and involving this coverage.

9. Acknowledgements, Authorization and Signature

By signing this Application, you represent and agree to each of the following four (4) items:

1. You have made a comprehensive internal inquiry or investigation to determine whether anyone in your firm is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in this Application.
2. Each of the statements and answers given in this Application, are:
 - a. Accurate, true and complete to the best of your knowledge;
 - b. No material facts have been suppressed or misstated;
 - c. Representations you are making on behalf of all persons and entities proposed to be insured;
 - d. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company issued in specific reliance upon these representations.
3. This Application, along with any other Application or Supplemental Applications are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the other Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the other Supplemental Applications are signed or dated.
4. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any other Application or Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

FRAUD WARNING

Notice to Applicants of all states except Colorado, New York, and Pennsylvania

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

Notice to Colorado Applicants:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the

policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Notice to New York Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Notice to Pennsylvania Applicants:

Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer in all states except Connecticut, and is not subject to the financial solvency regulation and enforcement which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state. This information applies to General Star National Insurance Company in Connecticut only.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

Signature of Owner, Officer or Partner

Date

Print or Type Name and Title