



K2 ★ OCONUS

# FOREIGN VOLUNTARY WORKERS' COMPENSATION / EMPLOYERS LIABILITY APPLICATION

## Applicant Information

Applicant Name:

Address:

Contact Name / Title:

Phone:

Email:

Website Address:

Intended Effective Date:

## Broker Information

Broker Name:

Broker Address:

Broker Contact Information:

## Description of Operations (Foreign):

## Trip / Travel Information

Job Class	Country Of Operations	USN / TCN LN	Number of Trips	No. of Employees Per Trip	Duration of Stay

**Estimated Foreign Payroll (if applicable): Broken out by Job Function and Employee Type (USN/TCN/LN):**

**Business Travel Accident (BTA) Information**

Number of Employees Traveling:

Countries Traveling To:

Typical Duration of Stay:

**Loss History:**

- **Attach Loss Runs**
- **OR Confirm No losses Here.**

**Applicant Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_