

Quotations -Travel Accident Questionnaire

Part I – Basic Information

Name and address of Policyholder: _____

Additional Locations: _____

Nature of Business and SIC Code: _____

Total Number of Employees: _____

Cover US Employees only Cover US and Non-US Employees*

**Please complete chart below if applicable*

Website: _____

Completed by: _____ Phone Number: _____

Employees by country location:

<u>Country</u>	<u># of Employees</u>	<u>Country</u>	<u># of Employees</u>

Part II – Plan Design

**If coverage desired is only for a specific group of employees please indicate accordingly.

You can provide different benefit levels and coverages for different groups (classes) of employees. Fill in the class eligibility and corresponding data based on coverage type selected. You are not limited to 4 classes, additional columns can be added if necessary.

For renewal quotations, you can skip this section except for updating the salary information

	Class I	Class II	Class III	Class IV
Eligibility				
Coverage Desired (circle one)	Business & Pleasure Business Only	Business & Pleasure Business Only	Business & Pleasure Business Only	Business & Pleasure Business Only
Benefit Amount Desired**				
Average Salary				

***If a multiple of salary is desired, we will need average salary for each class of those Employees who travel on company business. If Business and Pleasure is desired, total payroll will suffice.*

Business and Pleasure Coverage:

For each Class, if you have selected Business & Pleasure Coverage, please advise the number of eligible persons:

	Class I	Class II	Class III	Class IV
Number of People				

Expatriates:

If your company has employees outside their home country on an expatriate assignment (1 year or longer), please indicate the total number of expatriates by their host location:

<u># of Expatriates</u>	<u>Country Location</u>

Part III – Exposure Information

Total Domestic (In Home Country) & International (Outside Home Country) Business Travel Exposure

***A travel day includes not just trips taken outside city or country, but also local business trips, which would include: trips to post office, banks, business lunches, sales calls etc.*

	<i>Example (Class 1)</i>	Class I	Class II	Class III	Class IV
Number of Persons in each Class	<i>100</i>				
Number of Persons Who Travel	<i>25</i>				
Number of Persons traveling 50 days or more in one year	<i>10</i>				
Total Number of Days for all remaining persons who travel less than 50 days	<u><i>300</i></u>				
Total Number of Persons who do not travel	<i>75</i>				

**Example of how to complete residual days:*

- *25 persons travel in Class 1 both domestically and internationally*
- *10 persons travel 50+ days*
- *15 persons remain who travel 20 days each*
- *15 persons X 20 days each = 300 residual days of business travel*

Part III – Exposure Information - Out of Country Business Travel

• **US Employees International Business Travel:**

	<i>Example (Class 1)</i>	Class I	Class II	Class III	Class IV
Number of US People traveling abroad	17				
Total Number of international Days for all Travelers (Specify Destinations)	210 days in UK 98 days in Brazil				

Example of how to complete:

- 17 persons travel internationally in Class 1
- 10 persons spend 3 weeks each in UK = 210 days
- 7 people traveled to Brazil for 2 weeks each = 98 days

• **Non-US Employees International Business Travel:**

	Class I	Class II	Class III	Class IV
Number of Non-US People traveling outside home country				
Total Number of international Days for all Non US Persons <u>excluding travel to the US</u> (Specify Destinations)				
Total Number of Days for Non-US Persons travel to the US (inbound US Days)				

Part IV – Additional Information

1. Are there any truck drivers and their helpers to be covered? _____ Yes _____ No
If Yes, how many long haul _____? Short Haul _____?

2. Does the company own, lease or operate any aircraft*? _____ Yes _____ No
If Yes, please list the make, model, number of crew seats, and number of passenger seats of each plane and their anticipated usage

**This would include frequent charter and time share agreements*

3. Are Pilots and Crew Members to be covered? If so, how many and which Class? Details on pilot qualifications will be necessary.

4. Are there any Non-Employees to be covered?

Non-Employee Directors	_____ Yes	_____ No	If Yes, how many _____?
Consultants	_____ Yes	_____ No	If Yes, how many _____?
Other _____	_____ Yes	_____ No	If Yes, how many _____?

5. Please provide Names, Dates of Birth and the Class of each employee over the age of 70 if full benefits are desired:

_____	_____
_____	_____
_____	_____

6. List Subsidiary Companies to be covered and note their nature of business if different from the parent company:

_____	_____
_____	_____