



Business Travel Accident Insurance Questionnaire

Submission Date: _____

Quote Due Date: _____

CUSTOMER INFORMATION:

Group Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Contact Person _____ Email _____

Nature of Business _____

Total Number of Employees _____ Total Number of Employees to be covered _____

TRAVEL SURVEY:

Please indicate in the chart below, the Class Description, Benefit Amount, Type of Benefit, Type of Coverage, and The Total Number of Employees Who Travel on business for each classification. Also, if applicable please indicate the Number of Truck Drivers and Helpers, and Indicate Long- or Short-Haul Trucking. **Mark "N/A" if the information does not apply. Attach another sheet, if necessary**

Please Note: A travel day is any day or part of a day that the Insured Person is away from his or her regular place of business on the business of the policyholder; for example, trip to bank, lunch with client, sales call, etc.

	Example of Class 1	Class 1	Class 2	Class 3
Class Description	Sales			
Total Number of Employees (per class)	45			
Benefit Amount (Principal Sum) ¹	\$250,000			
Type of Benefit AD, AD&D, AD&D/APTD ²	AD&D			
Type of Coverage 24-Hour Business Only ³ or 24-Hour Business & Pleasure ⁴	Business Only			
Over 50 Travel Days/Year	1			
25 to 50 Travel Days/Year	4			
10 to 25 Travel Days/Year	29			
1 to 9 Travel Days/Year	11			
Number of Company Cars	N/A			
Number of Truck Drivers, Chauffeurs, &/or Deliverymen	N/A			

¹ **Benefit Amount/Principal Sum** – The amount payable in one sum in the event of an accident, accidental death, or certain accidental dismemberments.

² **AD** - Accidental Death **AD&D** - Accidental Death & Dismemberment **AD&D/APTD** - Accidental Death & Dismemberment and Accidental Permanent Total Disability.

³ **24 hour Business Only** – Covers the employee 24 hours a day while traveling ONLY on the business of the Policyholder.

⁴ **24 Hour Business & Pleasure** – Covers an Insured Person 24 hours a day 7 days a week. The Insured Person DOES NOT have to be on the business of the Policyholder.

SALARY:

Is salary is used to determine Principal Sum? Yes No (If yes, please attach a separate listing of salaries by Class.)

AGGREGATE LIMIT:

What Aggregate Limit is required? \$ _____ per Accident Any One Event

Aggregate Limit - The total limit of the Insurance Company's liability for all indemnities payable with respect to all classes of Insured Persons arising out of injury sustained by two or more Insured persons as the result of any accident or any one event.

MEDICAL BENEFITS (Accident & Sickness):

Are Medical Benefits to be provided? Yes No (If Yes, please fill out the applicable information below.)

Where is coverage required? Domestic (Accident Only) International Both

Maximum Medical Benefit \$100,000 \$250,000 Other \$ _____

Deductible \$100 \$250 Other \$ _____

CO-INSURANCE 80/20% up to \$5,000 100% up to policy maximum

INTERNATIONAL TRAVEL:

If applicable, please indicate in the chart below the total number of employees that might travel overseas on business during the next year, as well as the countries frequently visited, and the total number of days spent in each country.

	Example	Class 1	Class 2	Class 3
Total # of Employees that travel Internationally (Per Class)	10			
Estimated Total # of Weeks of International Travel for all Employees over the next year	24			
Estimated Total # of International Trips over the next year	28			
Estimate the Maximum Number of Employees per International Trip	2 ee's			
Average Duration of Each Trip	5 days			

*Please note that any travel less than 7 Days will be considered 1 week of Travel.

COUNTRIES VISTED (per Class):

Please identify all International Destinations and Frequency of Travel to Each Country.

Example of Class 1: Afghanistan 2x per year, Israel 3x per year, UK & France 4x per year _____

In order to provide coverage in the following countries, please complete the supplemental War Risk Questionnaire:

ZONES OF DANGER

AREA 1

Afghanistan, Chechnya, Iran, Iraq, Israel (West Bank & Gaza Strip)
North Korea, Pakistan, Palestinian Territories, Somalia and Yeman

AREA 2

Algeria, Armenia, Azerbaijan, Bahrain, Bangladesh, Bolivia, Burma, Burundi,
Central African Republic, Chad, Colombia, Dem. Republic of Congo, East Timor
Egypt, Haiti, India (Jammu, Kashmir & Mumbai), Indonesia, Israel, Ivory Coast
Kenya, Kyrgyzstan, Lebanon, Liberia, Nepal, Nigeria, Oman, Papua New Guinea,
Philippines, Qatar, Saudi Arabia, Sierra Leone, Sri Lanka, Sudan, Syria, Uzbekistan, Venezuela, and Zimbabwe.

OTHER BENEFIT OPTIONS:

- Med-E-Vac Coverage Repatriation Coverage Medical Coverage (Domestic & International)
- 24 Hour Assistance Services Political Evacuation Coverage* Kidnap & Ransom/Extortion*
- Foreign Workers Compensation* Foreign General Liability* War & Terrorism Coverage*
- Additional Benefits (Describe): _____

* Separate applications are required. Please contact Global Underwriters, Inc. at 800-423-8496 / email jamie@globalunderwriters.com

** If coverage is needed, please complete the supplemental War Risk Questionnaire.

UNUSUAL OR HAZARDOUS EXPOSURES:

Are there any known concentrations, unusual or hazardous exposures to be covered? Yes No

Are there any employees whose job duties take place in moving vehicles? Examples include but are not limited to tug boats, ferries, other water carriers, and trucks. Yes No

Are there any employees whose occupational duties regularly take place off-site? Examples include but are not limited to field electric work, construction, and excavation. Yes No

If you have responded 'Yes' to any of these questions, please describe _____

COMPANY AIRCRAFT INFORMATION:

Are there any Owned, Leased or Operated aircraft to be covered? If yes, please fill out the applicable information below:

Year	Make	Model	Serial Number	Passenger Seating	Crew Capacity	Average Usage

Please note any other appropriate details about aircraft _____

Is piloting coverage to be provided? Yes No

If yes, is piloting coverage for company aircraft only? Yes No

Please Note: Pilot history forms will have to be completed if pilots are to be covered.

FOREIGN EMPLOYEES:

Are foreign employees to be covered? Yes No (If Yes, list Name of Country, Number of Employees, and Class.)

Name of Country	Number of Employees	Class

PRIOR COVERAGE

Insurance Company Name _____

Effective Date _____ Renewal Date _____

If applicable, please attach all available details of current program, including coverage, benefits, limits provided, Summary Plan Description, copies of policies, and a minimum of three (3) years' premium and loss experience.

PRODUCER INFORMATION

Producer Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Contact Person _____ Email _____