

Business Travel AD&D Questionnaire

Ceding Company: _____ Contact: _____ Date: _____

Insured: _____ Nature of Business: _____

Describe Any Occupational Hazards: _____

Head Office Address: _____

Are All Employees at Same Location? _____ Yes _____ No

* If No, Provide Listing of All Locations Along With Total Number of Employees at Each Location.

Total Number of Employees: _____ Total Volume: _____ Maximum Any One Life: _____

Aggregate Limit: _____ Schedule of Losses to Include 200% Paralysis? _____ Yes _____ No

	Occupational Mix	No. of Lives	Sum Insured	Number in Class Who Travel on Business	Estimated # Of Travel days/year	24 Hour or Business Only
<i>eg. Class 1</i>	<i>Executives</i>	<i>25</i>	<i>Flat \$1,000,000./life</i>	<i>25</i>	<i>50 days each</i>	<i>24 Hour</i>
Class 1						
Class 2						
Class 3						
Class 4						

Policy to Include PTD? _____ Yes _____ No Termination Age: _____

Are There Any Known Concentrations of Cover (i.e. conventions) ? _____ Yes _____ No If Yes, Provide Details Below:

Are There Any Employees Residing Outside of North America? _____ Yes _____ No

If yes, provide number of people and locations.

Is There a Company Policy Regarding Number of Employees Travelling Together? _____ Yes _____ No If yes, Provide Details:

Does The Company Currently or Intend on Owning, Leasing or Chartering any Aircraft? _____ Yes _____ No

If Yes, Aircraft Questionnaire Must Be Completed.

* Please Provide Copy of Standard Policy and Provide Claims Experience for up to Five Years.