

## Group 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	Number of Lives	Sum Insured	Volume
<i>eg. Class 1</i>	<i>Executives</i>	<i>25</i>	<i>Flat \$1,000,000/life</i>	<i>\$25,000,000.00</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:

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Is There a Voluntary Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Provide The Following Additional Details:

Maximum Any One Life: \_\_\_\_\_ Benefit Schedule: \_\_\_\_\_ Total Volume: \_\_\_\_\_

Number of Single Employees: \_\_\_\_\_ Number of Married Employees: \_\_\_\_\_ Family Plan: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_%

Current Rate: \_\_\_\_\_ Please Provide Copy of Standard Policy and Provide Claims Experience for up to Five Years.