

33 Yonge Street, Suite 400 Toronto, Ontario M5E 1G4 Tel: 416.366.6480 Fax: 416.366.0430

Target Risk: Known Concentrations

Details about the event and the coverage - death, dismemberment, Permanent and Total Disability, other:

Please provide details of event including total number of people covered as well as a description of coverage required: Conveyance only, 24 hour, Hotel only, etc. Please note any exclusions and benefit descriptions.



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Target Risk: Known Concentrations

Please provide details about air flight exposure:

Air Flight Exposure:				
Start of trip Date:	Aircraft #1	Aircraft #2	Aircraft #3	Aircraft #4
Airline & Time of Flight:				
Departure from:				
Arrival at:				
Number of people per flight				
Face Amount per person: (Please provide details if not flat amount for entire group)				
Connections (if needed) Date:	Aircraft #1	Aircraft #2	Aircraft #3	Aircraft #4
Airline & Time of Flight:				
Departure from:				
Arrival at:				
Number of people per flight				
Face Amount per person: (Please provide details if not flat amount for entire group)				
End of trip Date:	Aircraft #1	Aircraft #2	Aircraft #3	Aircraft #4
Airline & Time of Flight:				
Departure from:				
Arrival at:				
Number of people per flight				
Face Amount per person: (Please provide details if not flat amount for entire group)				
Flight numbers.	Aircraft #1	Aircraft #2	Aircraft #3	Aircraft #4
Start of trip:				
Connections if any:				
End of trip:				



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Please provide details about ground exposure

Ground Exposure:	Hotel #1	Hotel #2	Hotel #3	Hotel #4
Location:				
Number of days at hotel:				
Class hotel (star rating):				
Number of people in hotel				
Face Amount per person: (Please provide details if not flat amount for entire group)				
Ground Exposure:	Tour Bus #1	Tour Bus #2	Tour Bus #3	Tour Bus #4
Departure from:				
Arrival at:				
Number of people on bus:				
Face Amount per person: (Please provide details if not flat amount for entire group)				
Ground Exposure:	Cruise Ship #1	Cruise Ship #2	Cruise Ship #3	Cruise Ship #4
Departure from:				
Arrival at:				
Number of people on ship:				
Face Amount per person: (Please provide details if not flat amount for entire group)				
Ground Exposure:	Other #1 Date:	Other #2 Date:	Other #3 Date:	Other #4 Date:
Description:				
Number of people:				
Face Amount per person: (Please provide details if not flat amount for entire group)				



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Please provide details of other concentration (5 or more lives) exposures such as train travel, cruises, boat excursions, bus trips, and any organized events like mountain climbing, scuba diving or ballooning:
