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Global Travel Accident Questionnaire

Quote Due Date: _____   Requested Effective Date: _____

Client Information

Client Name: _____

Street Address: _____

City: _____   State: _____   ZIP: _____

Nature of Business: _____   SIC Code: _____

List All Entities To Be Covered: _____

Travel Data

(All Travel, both Domestic and International Travel)
Please indicate in the chart below the description of individuals to be covered, requested principal sum (AD&D benefit amount), type of coverage requested, and the number of individuals within each travel day range. Please see the example for additional information. If you need additional space, please attach a separate spreadsheet.

FOR U.S. EMPLOYEES

	Example	Class 1	Class 2	Class 3
Class Description	All full-time Managers and Sales Reps			
Principal Sum**	5 times salary to a maximum of $250,000			
Average Salary	$65k			
Coverage Type (Business and Pleasure, Business Only)	Business Only			
Total Employees in Class	68			
Travel 50 days or more*	20			
Travel 25 to 49 days*	20			
Travel 10 to 24 days*	15			
Travel less than 10 days*	10			
Do not Travel*	3			
Number of Company Cars	20			
Number of Truck Drivers/ Chauffeurs/Deliverymen	0			

Please note a Travel Day is any day, or part of a day, that an employee is away from the office on the business of the policyholder (e.g. trip to the bank or sales call).
**Principal Sum can be a flat benefit amount or a multiple of salary.*

A five life per covered accident Aggregate will apply unless otherwise noted: _____

OR

1) Annual Travel Expenditure $ _____

2) Percentage (%) of Item #1 that is International Travel   _____ %

FOR NON-U.S. EMPLOYEES – If applicable, please complete a Table for each country in which there are insureds living/located.

	Example	Class 1	Class 2	Class 3
Class Description	United Kingdom All full-time Managers and Sales Reps			
Principal Sum**	5 times salary to a maximum of $250,000			
Average Salary (Indicate if this is in USA or local currency)	$			
Coverage Type (Business and Pleasure, Business Only, or Foreign Business Only)	Business Only			
Total Employees in Class	20			
Travel 50 days or more*	5			
Travel 25 to 49 days*	10			
Travel 10 to 24 days*	3			
Travel less than 10 days*	2			
Do not Travel*	0			
Number of Company Cars	20			
Number of Truck Drivers/ Chauffeurs/Deliverymen	0			

Please note a Travel Day is any day, or part of a day, that an employee is away from the office on the business of the policyholder (e.g. trip to the bank or sales call).
**Principal Sum can be a flat benefit amount or a multiple of salary.

PLEASE LIST ALL OF THE COUNTRIES TO WHICH TRAVEL OCCURS

_____

_____

_____

War Risk

If applicable, please indicate any travel to the following destinations:

War Risk Country	Number of Trips	Duration of Each Trip	War Risk Country	Number of Trips	Duration of Each Trip
Afghanistan			Israel		
Algeria			Ivory Coast		
Bangladesh			Lebanon		
Burkina Faso			Liberia		
Burundi			Libya		
Cameroon			Mali		
Central African Republic			Nigeria		
Chad			Pakistan		
Chechnya			Sierra Leone		
Democratic Republic of Congo			Somalia		
Egypt			South Sudan		
Eritrea			Sudan		
Ethiopia			Syria		
Guinea			Turkey		
Iran			Ukraine		
Iraq			Yemen		

Company Aircraft Information

Are there any owned or leased aircraft to be covered?   ☐ Yes   ☐No   If yes, please complete below.

Year	Make	Model	Serial Number	Passenger Capacity	Crew Capacity	Average Usage

Is piloting coverage to be provided?   ☐ Yes   ☐No
If yes, please complete the Pilot History Form for each pilot.

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, such as ferries or trucks?   ☐ Yes   ☐No

Are there any employees whose occupational duties regularly take place off-site, such as excavation, construction, or field work?   ☐ Yes   ☐No

Out of Country Medical Exposure

Out of Country Exposure	Travel to Non-US locations (US and Non-US Employees)	Travel into the US (Non-US Employees Only)
Estimated Total Number of Trips:		
Number of Travelers per Trip:		
Average Number of Days per Trip:		

Please list all Countries Traveled to:

Out of Country Medical Expense Benefit

Medical Maximum (choose a medical maximum between $25,000 and $250,000):	
Deductible (choose a deductible from $0 to $1,000):	
Coinsurance	None
Hospital Room and Board	The Average semi-private room rate
Intensive Care Room and Board	Two (2) times the Average semi-private room rate
Emergency Medical Evacuation and Repatriation (Assistance Services provided by Assist America)	100% of Covered Expenses

Agency/Broker/Consultant Information

Name of Firm:

Street Address:

City: State: ZIP:

Individual Contact:

Email: Phone Number:

Requested Commission: (15% unless otherwise noted and agreed upon):

Submission of this completed questionnaire for an insurance quote request or additional information does not constitute an offer of coverage or a purchase of insurance, nor does it represent any agreement to provide coverage under any insurance policy. No coverage will be bound, added, altered or changed as a result of submitting a request for information or insurance quote.