



## BASIC ACCIDENTAL DEATH AND DISMEMBERMENT UNDERWRITING QUESTIONNAIRE

### GENERAL INFORMATION

<b>COMPANY INFORMATION</b>	(Legal Name)		
	(Street Address – No PO Boxes, please!)		
	(City)	(State)	(Zip Code)
<b>OFFICE / PLANT LOCATIONS</b>	(U.S. States)	(Foreign Countries)	
<b>NATURE OF BUSINESS</b>			
<b>SIC CODE(S)</b>			
<b>TOTAL NUMBER OF EMPLOYEES</b>			
<b>U.S. SUBSIDIARY OR AFFILIATE COMPANIES TO BE INCLUDED</b>	(Name)	(State)	(No. of Employees)

<b>PROPOSED EFFECTIVE DATE</b>					
<b>PRESENT BASIC AD&amp;D COVERAGE</b>  (Please provide a copy of the current policy, certificate, or summary plan description)	Name of Insurance Company:				
	Experience for the last 3 years	Year	Premium	Claims	# of Claims
			\$	\$	
			\$	\$	
			\$	\$	
	Have changes to benefits, limits or coverage occurred during this time frame?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please explain: ⇨				
Current information on covered group:		# Lives	Volume		
(A census or premium reporting form containing this information is also acceptable)					

### BROKER / PRODUCER / CONSULTANT INFORMATION

<b>NAME / TITLE</b>				
<b>FIRM NAME</b>				
<b>ADDRESS</b>	(Street Address)			
	(City)	(State)	(Zip Code)	
<b>PHONE NUMBER</b>		<b>FAX NUMBER</b>		
<b>E-MAIL ADDRESS</b>				
<b>COMMISSION</b>	<input type="checkbox"/> Yes, ___ % <input type="checkbox"/> No	<b>CURRENT BROKER / PRODUCER OF RECORD?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consultant Only	





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### PLAN DETAILS (continued):

<b>6. COMPANY-OWNED OR LEASED AIRCRAFT INFORMATION</b>	Do you wish to provide coverage while flying in company-owned or leased aircraft?				<input type="checkbox"/> Yes, please provide details below: ↗ <input type="checkbox"/> No	
	Year	Make	Model	Registration #	Seating Capacity	
					Passenger	Crew
	Are the above aircraft owned or leased? If leased, please explain contract and/or arrangement. ↗					
	Are company pilots and crew to be covered?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Pilot History Forms must be completed for each pilot and can be found at <a href="http://www.starlinegroup.com/04.pdf">www.starlinegroup.com/04.pdf</a>			
<b>7. WAR RISK COVERAGE</b>	Is War Risk coverage desired?					
	<input type="checkbox"/> Yes, please provide: ↗ <input type="checkbox"/> No					
	PLEASE PROVIDE THE BEST ESTIMATES REGARDING ANY <b>INTERNATIONAL TRAVEL</b> BY U.S. EMPLOYEES THAT IS EXPECTED WITHIN THE NEXT YEAR					
	Country	# of Trips	Avg. Duration	Country	# of Trips	Avg. Duration
<b>8. OTHER BENEFITS</b>	Standard coverage provides Accidental Death and Dismemberment and several additional benefits. If any specific benefits are desired, please identify: ↗					

### ADDITIONAL INFORMATION

HOW MANY COMPANY-OWNED OR LEASED AUTOS ARE USED ON BUSINESS?		
IS THERE A LIMIT TO THE NUMBER OF EMPLOYEES ALLOWED TO TRAVEL TOGETHER?	<input type="checkbox"/> Yes, <input type="checkbox"/> No	If Yes, what is the max allowed?
DOES YOUR COMPANY EVER CHARTER AIRCRAFT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE THERE ANY KNOWN CONCENTRATIONS OR UNUSUAL / HAZARDOUS EXPOSURES TO BE COVERED?	<input type="checkbox"/> Yes, please describe: ↗ <input type="checkbox"/> No	

Completed by:	Signature and Date
(Name and Title)	
<input type="checkbox"/> Company <input type="checkbox"/> Broker / Producer / Consultant	

E-mail: [quotes@starlinegroup.com](mailto:quotes@starlinegroup.com)