



BUSINESS TRAVEL ACCIDENT UNDERWRITING QUESTIONNAIRE

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

PROPOSED EFFECTIVE DATE					
PRESENT BUSINESS TRAVEL ACCIDENT COVERAGE <small>(Please provide a copy of the current policy, certificate, or summary plan description)</small>	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: ⇨					

BROKER / PRODUCER / CONSULTANT INFORMATION

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



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PLAN DETAILS

	<u>Class I:</u>	<u>Class II:</u>		
1. DESCRIPTION OF EMPLOYEES TO BE COVERED				
2. NUMBER OF ELIGIBLE EMPLOYEES				
3. FOREIGN EMPLOYEES	Does the above include foreign employees? <input type="checkbox"/> Yes, please provide details: ↗ <input type="checkbox"/> No			
	Country	# of Employees	Country	# of Employees
4. TRUCK DRIVERS	Does the above include truck drivers? <input type="checkbox"/> Yes, how many? _____ <input type="checkbox"/> No			
	Does the above include truck drivers? <input type="checkbox"/> Yes, how many? _____ <input type="checkbox"/> No			
5. COVERAGE TYPE	<input type="checkbox"/> Business & Pleasure			
	<input type="checkbox"/> Business Travel Only			
	<input type="checkbox"/> Other, please specify: ↗			
6. AMOUNT OF INSURANCE	<input type="checkbox"/> Flat Amount: \$ _____			
	<input type="checkbox"/> Multiple of salary: _____ x (times) salary Minimum Amount \$ _____ Maximum Amount \$ _____ Rounding <input type="checkbox"/> Next higher \$1000 <input type="checkbox"/> Other, specify: ↗			
7. SALARY INFORMATION (Required only when amount of insurance is based on a multiple of salary)	For Business & Pleasure coverage, provide salaries for all employees. Otherwise: ↗			
	Average Salary \$ _____			
	Highest Salaries*			
	1.	\$ _____	1.	\$ _____
	2.	\$ _____	2.	\$ _____
	3.	\$ _____	3.	\$ _____
	4.	\$ _____	4.	\$ _____
5.	\$ _____	5.	\$ _____	
Salary is assumed to exclude bonuses, commission, overtime, and any other special compensation. If a specific definition of salary is desired, please provide: ↗				



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PLAN DETAILS (continued):

8. AGGREGATE LIMIT	\$ _____ <input type="checkbox"/> Per Accident <input type="checkbox"/> Per Aircraft Accident To offer an Aircraft Only Aggregate, please provide details on all business, sales, incentive etc. trips involving 10 or more employees that may occur within the next year: ⇨				
9. AGE REDUCTION SCHEDULE	<input type="checkbox"/> Amounts of insurance are to reduce based on age.				
	A standard age reduction schedule will apply to employees age 70 and older. If another schedule is desired, please describe: ⇨				
	<input type="checkbox"/> Full amounts of insurance are desired for employees age 70 and over.				
10. COMPANY-OWNED OR LEASED AIRCRAFT INFORMATION	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 www.starlinegroup.com/04.pdf		
11. WAR RISK COVERAGE	Is War Risk coverage desired? <input type="checkbox"/> Yes, Please provide International Travel information within TRAVEL EXPOSURE on Page 4. <input type="checkbox"/> No				
12. OTHER BENEFITS	Standard coverage provides Accidental Death and Dismemberment and several additional benefits. If any specific benefits are desired, please identify: ⇨				



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TRAVEL EXPOSURE

(The section is not required for Business & Pleasure coverage)

	Class I:	Class II:				
TRAVEL– U.S. EMPLOYEES (Please provide the best estimate as to how many days U.S. employees travel each year within the U.S.).	Number of U.S. employees who travel:					
	50+ days/yr		50+ days/yr			
	25-50 days/yr		25-50 days/yr			
	11-25 days/yr		11-25 days/yr			
	1-10 days/yr		1-10 days/yr			
	No travel		No travel			
PLEASE PROVIDE THE BEST ESTIMATES REGARDING ANY INTERNATIONAL TRAVEL BY U.S. EMPLOYEES THAT IS EXPECTED WITHIN THE NEXT YEAR						
	Country	# of Trips	Avg. Duration	Country	# of Trips	Avg. Duration
TRAVEL– FOREIGN EMPLOYEES (Please provide the best estimate as to how many days Foreign employees travel each year within their country).	Number of Foreign employees who travel:		Number of Foreign employees who travel:			
	50+ days/yr		50+ days/yr			
	25-50 days/yr		25-50 days/yr			
	11-25 days/yr		11-25 days/yr			
	1-10 days/yr		1-10 days/yr			
	No travel		No travel			
PLEASE PROVIDE THE BEST ESTIMATES REGARDING ANY INTERNATIONAL TRAVEL BY FOREIGN EMPLOYEES THAT IS EXPECTED WITHIN THE NEXT YEAR						
	Country	# of Trips	Avg. Duration	Country	# of Trips	Avg. Duration

GENERAL 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,	If Yes, what is the max allowed?
	<input type="checkbox"/> No	
DOES YOUR COMPANY EVER CHARTER AIRCRAFT?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE THERE ANY 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