

BUSINESS TRAVEL ACCIDENT INSURANCE - REQUEST FOR PROPOSAL FORM

If there is not enough space to provide complete information, please attach the information to this questionnaire.

Proposed Client Information

Proposed Effective Date	Proposed Due Date
Name of Company	NAICS/SIC CODE
Address	
Description of Operation	
EIN#	ERISA Plan #

Subsidiaries / Divisions (Including Name, Address and Number of Employees. If none, so state):

Name	Address	Employee Count

Locations with Highest Employee Count:

Name	Address	Employee Count
1.		
2.		
3.		

Agent/Producer Information

Name of Company	
Address	
Contact Person	Phone Number
Requested Commission	E-mail Address

Please use the following criteria to complete this Business Travel Accident Insurance Survey Form:

For purposes of "Business Travel," the following should be considered with regard to business activity:

- Occurs away from Insured Person's regular place of employment.
- Is authorized and at the expense of the Client for the purpose of furthering the business and includes local travel.
- A "Travel Day" is any day or any part of a day spent traveling on business for the Client.

Business travel does not include:

- Everyday commuting between home and work, leaves of absence, vacations or personal deviations/sojourn.
- Performing job duties that take place inside a moving vehicle (i. e. truck/delivery drivers).

Client Exposure Data

	Class I	Class II	Class III	Class IV
Class Description				
Principal Sum				
Type of Coverage (Business Only, Business & Pleasure, Occupational)				
Total # Employees				
Average Salary				
# age 70 and over				
# who <u>do not</u> travel on business				
# who <u>do</u> travel on business				
Average Salary of Traveler				
# who travel over 50 days/year				
# who travel 25-50 days/year				
# who travel less than 25 days/year				

1. Provide the following information for all employees whose job duties take place in a moving vehicle (i.e. long-haul truck drivers, delivery drivers, etc.)

Job Title(s)	Class	Number of Employees

a) Are employees included in the grid to the right to be covered while performing duties described in 1, above?

Yes No

2. Provide the following information for all employees whose job duties regularly take place off-site (i.e. outside service technician, sales, etc.)

Job Title(s)	Class	Number of Employees

a) Are employees included in the grid to the right to be covered while performing duties described in 2, above?

Yes No

3. If Principal Sum is based on salary, is salary to include:

base annual earnings commission bonuses other special compensation

other (please define): _____

4. Amount of Aggregate Limit of Indemnity per accident _____

5. Provide the following information for all foreign countries traveled to in the past year:

Name of Country	Class	Number of Travel Days

6. Are foreign employees to be covered? Yes No

Name of Country	Class	Number of Travel Days

7. How many business trips last longer than:
30 days _____ 60 days _____ 90 days _____

8. Are there any unusual or hazardous exposures to be covered? Yes No

If yes, please describe: _____

9. Additional Benefits/Enhancements requested _____

10. Is there a Company rule limiting the number of employees who may travel together? Yes No

a) What is the maximum number of employees normally traveling together? _____

b) Describe any aircraft flights involving five or more employees in the past year and projected for the next year

11. What is the estimated percentage of flights that take place on:
Scheduled Airlines _____ % Non-Scheduled Airlines _____ %

12. Are there any aircraft to be covered which are owned, leased or operated by or on behalf of the Client?
 (including charter flights, Net Jet, etc.) Yes No

If yes, please complete the table below:

Year	Make	Model	FAA Number	Serial Number	Pass Seats	Crew Seats	Annual Flying Hours	Purpose of Flights

a) Is pilot/crew coverage to be provided? Yes No

If yes, please complete the table below:

	Pilot/Crew 1	Pilot/Crew 2	Pilot/Crew 3	Pilot/Crew 4	Pilot/Crew 5
Name					
Annual Earnings					
Rating					

13. Additional Comments: _____

Client History

Is there currently a Group Travel Accident Plan in force? Yes No

If yes, please provide the following:

Current Carrier	Current Policy Term	Current Policy Term Premium \$
Premium History Last Five Years		
Loss History Last Five Years		
Reason for Marketing		

Please include a copy of the current contract with this form and return to:

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