TANGRAM Insurance Services

BUSINESS TRAVEL ACCIDENT QUESTIONNAIRE

Submission Date:	Quote Due Date:	Requested Effective Date:

RISK INFORMATION

Organization Name: ______________________________

Address: ____________________ City: ________________ State: __________ Zip Code: ______________

Do you currently have Business Travel Accident coverage? ☐ Yes ☐ No

If Yes, please provide a copy of your policy's schedule page.

AFFILIATED COMPANIES/SUBSIDIARIES

List Affiliated Companies/Subsidiaries to be included under this program and their nature of business. Remember to include the Affiliated Companies' travel exposure in the Travel Assessments.

TRAVEL ASSESSMENT

**Please complete the chart below based on your current coverage. If changes are desired, please indicate where applicable. Attach a separate sheet of paper if additional room is needed.*

	Class 1	Class 2	Class 3	Class 4
Class Description: (i.e. Managers, Sales, All Employees)				
Benefit Amount:**				
Type of Coverage (Business Travel Only, Business and Pleasure or Full Occupational)				
Total Number of Insureds:				
Number of Insureds who travel on Business: Over 50 days per year*				
26-50 days per year*				
10-25 days per year*				
1-9 days per year*				
0 days per year*				
# of truck drivers, chauffeurs, and/or deliverymen				
Number of Company Cars				
Average Salary of Travelers				

***Any time away from the office (business lunches, client visits, etc.) is considered a day of travel.**
****If salary is used to determine the benefit for a Class, please attach a salary census for all tlhe insureds in that Class. BENEFITS**

TravelAXIS Additional Benefits available:

☐ Kidnap & Extortion Consultant Expense ($50,000 maximum)
☐ Security Evacuation (100% of Usual & Customary Expenses)
☐ Identity Theft Expense ($1,000) /Loss of Travel Documents ($1,000)
☐ Out of Country Medical
☐ Other Benefits Available (Describe) ____

If any of the above benefits are to be included, or if there is international travel, then the long version of the <u>Business</u> Travel Accident Questionnaire must be completed.

REQUEST FOR QUOTE - BUSINESS TRAVEL ACCIDENT

AGGREGATE LIMIT

What Aggregate Limit of Indemnity is required: $____________ Per] Accident $______________ Per Aircraft Accident

COMPANY AIRCRAFT

**Does your company own, operate, or lease any aircraft?* ☐ Yes ☐ No *If yes, please complete the chart below.*

Year	Make & Model	FAA or Serial #	Pilot / Crew Seats	Passenger Seats	Avg. Occupancy	Avg. Usage

* **Please note:** *Pilot history forms will have to be completed if pilots are to be covered*

WAR RISK COVERAGE

**Is War Risk Coverage* desired?* ☐ Yes ☐ No *If yes, please complete chart below.*

Visited Country	Length of Stay	Average Number of Trips

**War or act of war is a standard exclusion on Travel Accident policies. In order to have coverage for losses resulting from war or acts of war, war risk coverage must be purchased.*

DOMESTIC U.S. LOCATION DATA

Please provide location information (address, number of employees and total sum insured) for each location with on premise (24 hour business & pleasure, occupational, felonious assault, bomb scare) exposure. Please fill in the attached spreadsheet with this information.

PRODUCER INFORMATION

Producer Name: ______________________ Producer Code: ______________________

Contact Person: ______________________

Street Address: ______________________

City: ______________________ State: ______________________ Zip: __________

Telephone Number: ( ) ______________________ Fax Number ( ) ______________________

E-mail Address: ______________________ Web Address: ______________________

Requested Commissions: ______________________

Broker of Record __________ Yes/No

Are you a licensed A&H Producer in the applicable risk state? Yes ☐ No ☐

State Insurance License Number:_________________ National Insurance License Number: _________________