



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

BUSINESS TRAVEL ACCIDENT INSURANCE QUOTE REQUEST FORM

| | | |
|-------------------------|------------------------|----------------------------------|
| Submission Date: | Quote Due Date: | Requested Effective Date: |
|-------------------------|------------------------|----------------------------------|

GENERAL INFORMATION

Applicant Name:
 Address:
 City: State: Zip:
 SIC Code: Phone:

Does the Applicant currently have Business Travel Accident Coverage? Yes No
 Does the Applicant have any international employees? Yes No
 If yes, how many?

SECTION I – 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. If no current coverage, please complete based on desired plan structure.

Please note that multiple classes are only necessary if different coverage amounts and limits are required for different employee classifications. For instance, if the intent is to cover all employees for Business Travel Coverage at a benefit amount of \$100,000, only one Class will be necessary, and it might read as "All active full-time employees of the Policyholder." However, if you want to provide all executive officers with a \$500,000 benefit amount for Business & Pleasure Coverage, and all other employees with a \$100,000 benefit limit for Business Travel Coverage, the policy might read as follows:

- Class 1: All Executive Officers of the Policyholder. \$500,000 24 hour Business & Pleasure
- Class 2: All Other Active Full-Time Employees of the Policyholder. \$100,000 Business Travel Only.

| | Class 1 | Class 2 | Class 3 | Class 4 |
|---|---------|---------|---------|---------|
| Class Description: (e.g. All Employees, Managers, Sales) | | | | |
| AD&D Benefit Amount: | \$ | \$ | \$ | \$ |
| Type of Coverage (Business Travel*, "Business and Pleasure", Full Occupational) | | | | |
| Total Number of Persons in Class: | | | | |
| Number of Persons 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 | | | | |
| Number of international travel days per class: | | | | |
| Average salary of travelers | \$ | \$ | \$ | \$ |

* Please Note: Business Travel Coverage includes up to 7 days of personal travel or sojourn before or after a business trip
 ** Any time away from the office, excluding commutation (business lunches, client visits, etc.) is considered a day of travel. Any truck drivers, chauffeurs, and/or deliverymen should be considered in the headcount of employees traveling over 50 days per year.

SECTION II – INTERNATIONAL TRAVEL EXPOSURES

Does the client have any travel exposures to destinations in the current US State Department's list of Level 3 or 4 Travel Advisories, found [here](#)? Yes No

OUT OF COUNTRY MEDICAL

Provides Accident and Sickness Medical Expense benefits for insured persons while they are traveling outside of their home country.

- 1. Are Out of Country Medical Benefits desired? Yes No
- 2. Requested Limit: (Standard is \$100,000) \$
- 3. Is there any travel INTO the United States by persons domiciled OUTSIDE the United States in any class? Yes No
If yes, please provide the estimated number of travel days INTO the United States by those persons.
- 4. Are there any international trips that exceed 90 continuous days? Yes No

WAR RISK COVERAGE

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.

- 1. Is War Risk Coverage desired? Yes No
If yes, please provide a list of destination countries and the approximate number of days in each country.

SECURITY EVACUATION

Pays for the evacuation of an insured person to the nearest place of safety in the event of political or civil unrest, a natural disaster, or imminent threat of danger.

- 1. Is Security Evacuation Coverage desired? Yes No
If yes, please provide a list of destination countries and the approximate number of days in each country.

AIRCRAFT AND PILOT EXPOSURES

- 1. Does the Applicant own, operate or lease any aircraft? Yes No
If yes, please complete the chart below. Attach additional pages if necessary.

| Year | Make & Model | FAA or Serial Number | Days Flown Per Year |
|------|--------------|----------------------|---------------------|
| | | | |
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- 2. Does the Applicant wish to cover employee pilots? Yes No
If yes, please complete the following:

| Pilot's Name | Type of Pilot License | Accumulated Flight Hours |
|--------------|-----------------------|--------------------------|
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