

**BUSINESS TRAVEL ACCIDENT QUESTIONNAIRE
ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE**

Group Name & Address: _____

Description and Location of Operations: _____

Total # of full-time employees (30+ hours/week): _____ Proposed Effective Date: _____

Employees to be covered (categorize by job titles):

Class Description	Benefit Amount	50+ days*	40-49 days*	30-39 days*	20-29 days*	10-19 days*	1-9 days*

**Please indicate the number of employees in each category according to the average number of days they travel on company business annually.*

Aggregate Limit of Liability per Accident: _____

Total number of Company cars and/or personal cars used on a reimbursement basis: _____

Is there a limit regarding the number of employees traveling together? • Yes • No
If yes, what is the limit? _____ Is it enforced? • Yes • No

Does the Company own, lease, or operate any aircraft? If so, please complete the following:

Describe Aircraft (Year, Make, & Model)	N-Standard #	Passenger/Crew Seating Capacity

On the reverse side of this form, please describe what the above aircraft is used for.

Is there any travel involved outside the continental United States? • Yes • No
If so, please list, on the reverse side of this form, the countries visited, the number of foreign trips made annually, the number of employees the foreign travel involves, and the average duration of each trip.

Have there been any Accidental Death or Dismemberment claims in the past five (5) years? • Yes • No
If yes, please provide details.