



Submission Date: \_\_\_\_\_

Quote Due Date: \_\_\_\_\_

**RISK INFORMATION**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Standard Industrial Classification (SIC): \_\_\_\_\_  
(if known)

Total Number of Employees: \_\_\_\_\_ Total Number of Employees To Be Covered: \_\_\_\_\_

Please indicate (below) the Class Description, Principal Sum, Type of Coverage, and **The Total Number of Employees Who Travel** on business for each classification. Also, please indicate the Number of Truck Drivers and Helpers, and Indicate Long- or Short-Haul Trucking. Mark "N/A" if the information does not apply. Attach another sheet, if necessary.

**Please Note:** A travel day is any day or part of a day that the Insured Person is away from his or her regular place of business on the business of the policyholder; for example, trip to bank, lunch with client, sales call, etc.

	Class 1	Class 2	Class 3	Class 4
Class Description				
Principal Sum				
Type of Coverage (Business Only or Business & Pleasure)				
Over 50 Travel Days/Year				
26 to 50 Travel Days/Year				
11 to 25 Travel Days/Year				
1 to 10 Travel Days/Year				
No Travel				
Number of Company Cars				
Number of Truck Drivers and Helpers				
Indicate Long- or Short-Haul Trucking				

**SALARY**

Is salary used to determine Principal Sum?     Yes     No

If Yes, define "salary" and complete chart below: \_\_\_\_\_

Indicate Highest Salary and Average Salary for each Class. (For Principal Sum amounts over \$500,000, please attach a separate listing of salaries by Class.)

Class	Average Salary	Highest Salary

**Please Note:** The Standard Age Reduction Schedule will apply. This reduces benefits applicable to employees over age 69. Please attach a list of individuals over age 69 (including Class and date of birth) *only if* Full Benefits for those employees over age 69 are to be maintained.

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**FOREIGN EMPLOYEES**

Are foreign employees to be covered?     Yes     No

(If Yes, list Name of Country, Number of Employees, and Class.)

Name of Country	Number of Employees	Class

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**BENEFITS**

Accidental Death Only     Accidental Death & Dismemberment

Additional Benefits (Describe): \_\_\_\_\_

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**AGGREGATE LIMIT**

What Aggregate Limit of Indemnity is required?

\$ \_\_\_\_\_

Per Accident  
 Per Aircraft Accident  
(Check One.)



**PRIOR COVERAGE**

Insurance Company Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

**Please attach all available details of current program, including coverage, benefits, limits provided, Summary Plan Description, copies of policies, and a minimum of three (3) years' premium and loss experience.**

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Please tell us about your organization.

Producer Name: \_\_\_\_\_ Producer Code: \_\_\_\_\_  
*(if known)*

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Requested Commission: \_\_\_\_\_