



Travel Accident Questionnaire

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Part I – Basic Information

Name of Policyholder: _____

Address of Policyholder: _____

Additional Locations: _____

Nature of Business/SIC Code: _____

Policyholder Website: _____

Completed by: _____

Phone Number: _____

Total Number of Employees: _____

Cover US Employees only

Cover US and Non-US Employees*

Do you have any employees in states where privatized options for Statutory Disability/Paid Family Leave are available? Yes No

Employees by country location:

**Please complete chart below if applicable*

Country	# of Employees	Country	# of Employees	Country	# of Employees

Part II – Plan Design

**If coverage desired is only for a specific group of employees please indicate accordingly.

You can provide different benefit levels and coverages for different groups (classes) of employees. Fill in the class eligibility and corresponding data based on coverage type selected. You are not limited to 6 classes; please include additional page with classes desired if needed.

For renewal quotations, you can skip this section except for updating the salary information.

	Class I	Class II	Class III	Class IV	Class V	Class VI
Eligibility						
Coverage Desired (select one)	<input type="checkbox"/> Business Only <input type="checkbox"/> Business & Pleasure	<input type="checkbox"/> Business Only <input type="checkbox"/> Business & Pleasure	<input type="checkbox"/> Business Only <input type="checkbox"/> Business & Pleasure	<input type="checkbox"/> Business Only <input type="checkbox"/> Business & Pleasure	<input type="checkbox"/> Business Only <input type="checkbox"/> Business & Pleasure	<input type="checkbox"/> Business Only <input type="checkbox"/> Business & Pleasure
Benefit Amount Desired**						
Average Salary						

***If a multiple of salary is desired, we will need average salary for each class of those Employees who travel on company business. If Business and Pleasure is desired, total payroll will suffice.*

Business and Pleasure Coverage:

For each Class that you have selected Business & Pleasure Coverage, please advise the number of eligible persons:

Class I	Class II	Class III	Class IV	Class V	Class VI

Expatriates:

If your company has employees outside their home country on an expatriate assignment (1 year or longer), please indicate the total number of expatriates by their host location:

# of Expatriates	Host Country Location

Part III – Exposure Information

Total Domestic (In Home Country) & International (Outside Home Country) Business Travel Exposure

***A travel day includes not just trips taken outside city or country, but also local business trips, which would include: trips to post office, banks, business lunches, sales calls etc.*

	<i>Example (Class 1)</i>	Class I	Class II	Class III	Class IV	Class V	Class VI
Number of Persons in each Class	100						
Number of Persons Who Travel	25						
Number of Persons traveling 50 days or more in one year	10						
Total Number of <u>Days</u> for all remaining persons who travel less than 50 days	<u>300</u>						
Total Number of Persons who do not travel	75						

**Example of how to complete residual days:*

- 25 persons travel in Class 1 both domestically and internationally
- 10 persons travel 50+ days
- 15 persons remain who travel 20 days each
- 15 persons X 20 days each = 300 residual days of business travel

Part III – Exposure Information - Out of Country Business Travel

• **US Employees International Business Travel:**

	<i>Example (Class 1)</i>	Class I	Class II	Class III	Class IV	Class V	Class VI
Number of US People traveling abroad	17						
Total Number of international Days for all Travelers (Specify Destinations)	210 days in UK 98 days in Brazil						

Example of how to complete:

- 17 persons travel internationally in Class 1
- 10 persons spend 3 weeks each in UK = 210 days
- 7 people traveled to Brazil for 2 weeks each = 98 days

• **Non-US Employees International Business Travel**

	Class I	Class II	Class III	Class IV	Class V	Class IV
Number of Non-US People traveling outside home country						
Total Number of international Days for all Non US Persons excluding travel to the US (Specify Country Destinations)						
Total Number of Days for Non US Persons travelling to the US (inbound US Days)						

Part IV – Additional Information

1. Are there any truck drivers and their helpers to be covered? Yes No

If Yes, how many? Long Haul _____ Short Haul _____

2. Does the company own, lease or operate any aircraft*? Yes No

If Yes, please list the make, model, number of crew seats, and number of passenger seats of each plane and their anticipated usage:

**This would include frequent charter and time share agreements*

3. Are Pilots and Crew Members to be covered? If so, how many and which Class? Details on pilot qualifications will be necessary.

4. Are there any **Non-Employee Directors** to be covered?

Yes No If Yes, how many? _____

5. Are there any **Non-Employee Consultants and/or Independent Contractors** to be covered?

Yes No If Yes, how many? _____

6. Are there **any other Non-Employees** to be covered?

Yes No If Yes, how many? _____ and who are they? _____

7. Please provide Names, Dates of Birth and the Class of each employee over the age of 70 if full benefits are desired:

8. List Subsidiary Companies to be covered and note their nature of business if different from the parent company: