Business Travel Accident
Quote request

GROUP PLUS

contact.be@aig.com
Tel +32 2 739 96 20

1. Policyholder data

Name: _____

Street + number: _____

Postal code + city: _____

Legal form: _____

Country: _____

Activity of the company: _____

Contact (email): _____

2. Policyholder information

A. Staff and travellers/travel days

Number of Insured persons (employees/management/third party) (no matter if they travel or not): _____

Frequent travellers are:
- ☐ white collar
- ☐ lower/middle or senior management
- ☐ blue collar*
- ☐ technicians* (> 20% = manual work)
- ☐ journalists
- ☐ military
- ☐ consultants

*For blue collars and technicians, description of activities abroad: _____

1. Number of Insured persons frequently travelling for business purposes: _____
2. Total number of travel days for business purposes per year for all employees/managers/... : _____
3. Do the policyholder/insured companies use private airplanes? yes ☐ no ☐

Yes, how many flights per year: _____

Yes, how many people on board, average per flight: _____

B. Policyholder structure

Is the policyholder a subsidiary? yes ☐ no ☐

If yes, name of the head office + country _____

Does the policyholder own entities abroad? yes ☐ + countries no ☐

Does the staff of the foreign entities need to be insured as well?

☐ Yes, please complete the 'Multinational Program' addendum no ☐

C. Destinations

List the 5 most important destinations (countries): _____

Have more than 20% of the trips a non-European destination? yes ☐ no ☐

Does the staff travels to Afghanistan, Iraq, North Korea, Somalia, Syria, Chechnya and Ukraine? yes ☐ no ☐

Does the staff travels to (tick the box): yes ☐ no ☐

☐ Algeria, ☐ Angola, ☐ Armenia, ☐ Bangladesh, ☐ Bolivia, ☐ Bosnia and Herzegovina, ☐ Burkina Faso, ☐ Burundi, ☐ Cameroon, ☐ Central African Republic, ☐ Chad, ☐ Colombia, ☐ Congo, ☐ Democratic Republic of the Congo, ☐ Ecuador, ☐ Egypt, ☐ Eritrea, ☐ Ethiopia, ☐ Guinea, ☐ Guinea-Bissau, ☐ Haiti, ☐ India, ☐ Indonesia, ☐ Iran, ☐ Israel, ☐ Kenya, ☐ Kyrgyzstan, ☐ Lebanon, ☐ Liberia, ☐ Libya, ☐ Mali, ☐ Morocco, ☐ Mozambique, ☐ Myanmar, ☐ Niger, ☐ Nigeria, ☐ Pakistan, ☐ Palestinian Territory, ☐ Philippines, ☐ Russia, ☐ Saudi Arabia, ☐ South Africa, ☐ South Sudan, ☐ Sri Lanka, ☐ Sudan, ☐ Tajikistan, ☐ Tanzania, ☐ Tunisia, ☐ Turkey, ☐ Uganda, ☐ Venezuela, ☐ Yemen, ☐ Zimbabwe.

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3. Desired coverage and insured amounts (indicate the package you want - A or B)

☐ **A. Standard package** (complete page 2 of this questionnaire)
☐ **B. Flexible package** (complete page 3 of this questionnaire)

☐ **A. Standard package** (minimum premium per policy: € 600)

CORE MODULE — Core

SECTION 1: Personal accident: Death and permanent disability caused by accident
• Indicate the insured amount (€): ☐ 125.000 ☐ 150.000 ☐ 175.000 ☐ 200.000 ☐ 225.000 ☐ 250.000
SECTION 2: Medical Expenses
SECTION 3: Repatriation and other Emergency Travel Expenses
SECTION 4: Personal Liability
SECTION 5: Trip cancellation
• Indicate the insured amount (€): ☐ 2.500 ☐ 5.000 ☐ 7.500 ☐ 10.000
SECTION 6: Travel curtailment or rearrangement

PLUS MODULE — Plus

SECTION 7: Legal expenses
SECTION 8: Baggage
• Indicate the insured amount (€): ☐ 2.500 ☐ 5.000 ☐ 7.500 ☐ 10.000
SECTION 9: Personal Monetary Loss Benefit
SECTION 10: Travel inconvenience benefits
SECTION 11: Rental vehicle deductible expenses

ASSURED MODULE — Assured

SECTION 12: Hijacking
SECTION 13: Kidnap, Ransom and Extortion
SECTION 14: Crisis Containment Management
SECTION 15: Search and Rescue
SECTION 16: Political Risk and Natural Disaster Evacuation

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☐ **B.flexible package** (minimum premium per policy: € 1.500)

☐ CORE MODULE

SECTION 1: Personal accident: Death and permanent disability caused by accident — yes ☐ no ☐

• Indicate the insured amount (in layers of € 25.000 with a maximum of € 250.000) _____

• Do you want to insure a different amount for a certain category of insureds? yes ☐ no ☐

• Indicate the insured amount (in layers of € 25.000 with a maximum of € 250.000) _____

• Describe this category of insureds + number of people: _____

SECTION 2: Medical Expenses

SECTION 3: Repatriation and other Emergency Travel Expenses

SECTION 4: Personal Liability

SECTION 5: Trip cancellation — yes ☐ no ☐

• Indicate the insured amount (€): ☐ 2.500 ☐ 5.000 ☐ 7.500 ☐ 10.000

• Do you want to insure a different amount for a certain category of insureds? yes ☐ no ☐

• Indicate the insured amount (€): ☐ 2.500 ☐ 5.000 ☐ 7.500 ☐ 10.000

• Describe this category of insureds + number of people: _____

SECTION 6: Travel curtailment or rearrangement (only in combination with Section 5)

☐ CORE + PLUS MODULES (CORE coverages as indicated above + PLUS coverages)

SECTION 7: Legal expenses

SECTION 8: Baggage

• Indicate the insured amount (€): ☐ 2.500 ☐ 5.000 ☐ 7.500 ☐ 10.000

• Do you want to insure a different amount for a certain category of insureds? yes ☐ no ☐

• Indicate the insured amount (€): ☐ 2.500 ☐ 5.000 ☐ 7.500 ☐ 10.000

• Describe this category of insureds + number of people: _____

SECTION 9: Personal Monetary Loss Benefit

SECTION 10: Travel inconvenience benefits

SECTION 11: Rental vehicle deductible expenses

☐ CORE + PLUS + ASSURED MODULES (CORE & PLUS coverages as indicated above + ASSURED coverages)

SECTION 12: Hijacking

SECTION 13: Kidnap, Ransom and Extortion

SECTION 14: Crisis Containment Management

SECTION 15: Search and Rescue

SECTION 16: Political Risk and Natural Disaster Evacuation

If different modules are requested for different categories of insureds, please indicate:

• Description of category + number of insureds: _____ requested modules _____

• Description of category + number of insureds: _____ requested modules _____

• Description of category + number of insureds: _____ requested modules _____

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4. Options

- Private trips (employees only): yes ☐ no ☐
- Description of this category + number of persons: _____

- Private trips + family extension [employee, his/her partner and his/her dependant child(ren)]: yes ☐ no ☐
- Description of this category + number of persons: _____

5. Other insurance

- Does the policyholder already have a group business travel insurance? yes ☐ no ☐
  Insurance company: _____ expiry date: _____
- Has there been any claims during the last 3 years? yes ☐ no ☐
  If so, during the year: _____ + amount(s) reimbursed: _____

The undersigned certifies having correctly replied to all questions in all honesty and to the best of their knowledge and certifies that no information of relevance has been withheld - even if not written in their own handwriting.
This proposal doesn't force any party to take out this insurance and will only be used, as information needed to issue a quote.

Important remark: Our quote based on the above mentioned information will contain a flat premium and is intended to insure all professional trips of all staff.

Name and function of the signatory: Date: Signature: