



Business Travel Accident Program

Request for Renewal

Customer Information

Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Email: _____
 Are you currently marketing this group's coverage? Yes No

Travel Assessment

- Please complete the chart below based on your current coverage. If changes are desired, please indicate where applicable. If no changes are needed, please mark "As Is." Attach a separate sheet of paper if additional room is needed.
- Please note this is a standard travel assessment chart. (For example, if your policy has 1 class, please complete the first column only.)

	Class 1	Class 2	Class 3	Class 4
Class Description: (i.e. Managers, Sales, All Employees)				
Benefit Amount:**				
Type of Coverage: (Business Travel Only or Business and Pleasure)				
Total Number of Insureds:				
Number of Insureds 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*				
# of truck drivers, chauffeurs, and/or deliverymen				
Average Salary of Travelers**				

*Any time away from the office (business lunches, client visits, etc) is considered a day of travel.

**If salary is used to determine the benefit for a Class, please attach a salary census for all the insureds in that Class.

- How many vehicles does your company own? _____
- Are there more than 50 employees employed in the state of California? Yes No

Affiliated Companies/Subsidiaries

- List Affiliated Companies/Subsidiaries to be included under this program and their nature of business. Remember to include the Affiliated Companies' travel exposure in the Travel Assessment above.

Company Aircraft

- Does your company own, operate, or lease any aircraft? Yes No If yes, please complete the chart below.

Year	Make & Model	FAA or Serial #	Crew Seats	Passenger Seats	Avg. Occupancy	Avg. Usage

- Do you wish to cover employee pilots? If yes, please list their names and their respective type of pilot license.

70 and Over Employees

- Are there any employees age 70 or greater that are to receive full benefits? Yes No If yes, please complete the chart below. If no, our standard benefit reduction schedule will apply. This schedule reduces benefits applicable to employees' age 70 or greater.

Date of Birth	Class Number

War Risk Coverage

- Is War Risk Coverage* desired? Yes No If yes, please complete the chart below.

Visited Country	Length of Stay	Average Number of Trips

*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.

Completed by: _____ Date: _____
 Agency Name: _____ Agent Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Agency Tax ID #: _____
 Email: _____
 Signature of Licensed Agent: _____

The Hartford's standard level of commissions is 15%. If different, please indicate. _____