

Business Travel Accident Insurance Program For Emergency Responders

Request for Proposal



Quote Due Date: _____

Requested Effective Date: _____

Customer Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: _____ Fax: _____

Email: _____ Nature of Business: _____ Standard Industrial Classification (SIC): (if known) _____

Does the customer currently have other lines of coverage with The Hartford? Yes No

Accidental Death and Dismemberment (AD&D) Benefit Options:

- All AD&D options include the Tier 1 benefits package. All rates below are on an annual basis. Rates do not apply to New York or Florida situs accounts. Contact your local Hartford representative for a customized quotation.

Option	AD&D Benefit Amount	Annual Per Person Cost		
		Police	Fire	Others
1	\$100,000	\$30.55	\$30.55	\$12.09
2	\$150,000	\$45.82	\$45.82	\$18.13
3	\$250,000	\$76.36	\$76.36	\$30.22

Enhanced Benefit* Package Options:

- All benefit package costs are in addition to the base per person cost listed above. All rates below are on an annual basis.

Tier	Benefit	Amount	\$100,000 benefit	\$150,000 benefit	\$250,000 benefit
1	Adaptive Home & Vehicle	10% to \$25,000	No additional charge.	No additional charge.	No additional charge.
	Bereavement Counseling	\$100 per visit \$500 maximum			
	Coma	1% per month			
	Paralysis	Quadriplegia - 100% Paraplegia - 75% Hemiplegia - 50%			
	Rehabilitation	10% to \$25,000			
	Seatbelt	10% to \$25,000			
	Therapeutic Counseling	10% to \$25,000			
2	Accident Total Disability	\$100 per week 52 week maximum	Police/Fire - \$2.85 Others - \$1.13	Police/Fire - \$4.28 Others - \$1.69	Police/Fire - \$7.14 Others - \$2.82
	Day Care	\$2,000			
	Education	\$2,000			
	Spouse Education	\$2,000			
3	Critical Burn	5% to \$25,000	Police/Fire - \$6.05 Others - \$2.39	Police/Fire - \$9.07 Others - \$3.59	Police/Fire - \$15.12 Others - \$5.98
	Funeral Expense	5% to \$5,000			
	HIV	5% to \$25,000			
	Permanent Total Disability	Same as AD&D			

The minimum premium for all In the Line of Duty policies is \$750. Policies are billed on an annual basis.

A five life Aggregate Limitation will apply as the total company liability for all benefits under this policy.

*Please note that Enhanced Benefits are subject to state availability.

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GROUP BENEFITS



Please select the Plan Option first, then choose which Tier of benefits is desired:

OPTION: 1 2 3

TIER: 1 2 3

Number of Employees to be covered:

Police Officers _____ Firefighters _____ Others _____

(Others include dispatchers, bailiffs, correctional officers, clerical employees, etc.)

Prior Coverage

• Is there a business travel accident policy currently in-force? Yes No In Force Premium Amount: _____

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

Owned or Leased Aircraft (requires additional pricing from Underwriting)

• Does your municipality 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? Yes No If yes, please list their names and their respective type of pilot license.

70 and Over Employees (requires additional pricing from Underwriting)

• 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

Agency Information

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. _____

Return completed applications to your Hartford Sales Representative, AccidentQuotes@hartfordlife.com or fax to, 860-392-1381.

04/28/2010

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