



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 journalists
 lower/middle or senior management military
 blue collar* consultants
 technicians* (> 20% = manual work)

*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, Belarus, Iraq, Israel, Gaza, Lebanon, North Korea, Somalia, Syria, Chechnya, Ukraine, Russia, West Bank, Golan Heights ? 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, Kenya, Kyrgyzstan, Liberia, Libya, Mali, Morocco, Mozambique, Myanmar,
 Niger, Nigeria, Pakistan, Palestinian Territory, Philippines, Saudi Arabia, South Africa,
 South Sudan, Sri Lanka, Sudan, Tajikistan, Tanzania, Tunisia, Turkey, Uganda, Venezuela,
 Yemen, Zimbabwe.



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



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 _____



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:

