

## Group Personal Accident and Business Travel

Insured:	
Business Description:	
Address:	

Broker:	
Renewal Date:	
Policy No:	

1. Estimates for the forthcoming period of insurance of personnel and waggerolls (please provide clerical/manual split if applicable)

Category of Insured Persons	Employee Numbers		Total Wageroll	
	Clerical	Manual	Clerical	Manual
Category A				
Category B				
Category C				
Category D				

All Insured Persons whose benefit is more than £500,000 should be identified below;

Name	Salary	Category

2. Location Information

Please provide the insured waggerolls and numbers of employees insured, for each location where the waggeroll is equal to or greater than £4,000,000. For policies providing fixed benefits rather than a multiple of salary please provide numbers of insured employees by location.

Postal Address	Postcode	Wageroll	Employee Numbers

3. Business Travel Exposure – **where we are not providing Travel covers please fill in shaded boxes only**

- Please provide the total number of trips, average and maximum durations (two employees travelling on the same trip counts as two trips).
- This information is required where the Insured anticipates travelling on business outside the UK.
- Where secondees are to be included please provide their names, duration of secondment, partner and children details if they are to be included and their country of secondment.

Destination	Number of Trips	Average Duration	Maximum Duration	Secondees Yes/No
UK Internal				
Europe				
Rest of World				
Israel (West Bank, Gaza and the Occupied Territories only)				
Iraq				
Afghanistan				

Where trips to Israel (West Bank, Gaza and the Occupied Territories only), Iraq or Afghanistan have been declared please provide:

- Details of the risk management procedures and security arrangement in place;
- An estimate of the maximum individual sum insured and number of individuals travelling together.