



American International Companies®

Insurance Provided by Members of American International Group, Inc.

Special Risk Questionnaire

Submission Date: _____

Quote Due Date: _____

RISK INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____ Fax Number: () _____

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

1. Type of Group: Team Club Association League Not-for-Profit Employer
 Other: _____

2. Description of Covered Persons: _____

3. Describe Activities to Be Covered: _____

Participating in Covered Activity Only Travel to and from Covered Activity

4. BENEFIT SCHEDULE

Accidental Death: \$ _____

Accidental Dismemberment: \$ _____

Accidental Paralysis: Yes No

Accident Medical Expense Benefit: \$ _____

Deductible: \$ _____ Primary or Excess

Weekly Accident Indemnity

Maximum Weekly Amount: \$ _____

Elimination Period: \$ _____

Maximum Duration: \$ _____

Other Requested Benefits: _____

Aggregate Limit Per Occurrence: _____

Non-Commercial Aviation Coverage: _____

Excluded Included: If Included, provide details of exposure below.

5. Experience: If no prior coverage, check here.

6. Name of present carrier: _____
(Attach a copy of current contract, if available.)

Premium/Loss History: Please attach detailed premium and loss runs. Provide at least three years' history.
If premium and loss runs are not available, complete the chart below.

Term	Earned Premium	Incurred Losses	Number of Losses

7. EXPOSURE

Number of Participants: _____

By Ages (Years): Under 12: _____ 12-15: _____ 16-18: _____ Over 18: _____

Maximum Age: _____

Amount of Exposure by each Participant (length of season, number of events, meetings, tournaments, etc):

Requested Date(s) of Coverage: From _____ to _____

8. PARTICIPATION

Is this a voluntary program? Yes No

If Yes, explain: _____

9. PREMIUM REMITTANCE

How are premiums to be paid (i.e., annually, monthly)? _____

Please tell us about your organization.

Producer Name: _____ Producer Code: _____
(if known)

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

E-mail Address: _____ Web Address: _____

Requested Commission: _____