

Name and Address of Firm:

Nature of Business: _____

Description of Aircraft Owned or Leased by your Firm: _____

Make _____ Model _____ Cert. No. _____

No. of Passenger Seats _____ No. of Crew Seats _____ Do you wish to provide coverage on all employees while flying in the above described aircraft? _____ including Crew? _____

BUSINESS ONLY

Employee Classification	Class 1	Class 2	Class 3
	Executive	Administrative	Sales
Benefit Amounts Desired -			
9 1. Fixed Dollar Amount per Employee	\$	\$	\$
9 2. Multiple of Salary per Employee - if yes, please attach list of employees & salaries.			
Travel Resume (Based upon travel outside the city of permanent assignment during past 12 months.)			
a. Total number of employees who travel on company business.			
b. Number of employees who travel 50 or more days per year.			
c. Average number of days of travel per person per year (excluding those traveling 50 or more days).			

BUSINESS AND PLEASURE

Employee Classification	Class 1	Class 2	Class 3
	Executive	Administrative	Sales
Benefit Amounts Desired -			
9 1. Fixed Dollar Amount per Employee	\$	\$	\$
9 2. Multiple of Salary per Employee - if yes, please attach list of employees & salaries.			
Number of Employees			

Desired Effective Date: _____

Date: _____

Signature: _____ Title: _____