# Special Risk Questionnaire

AIG AIG Companies®

Submission Date: _____ Quote Due Date: _____ *from the Domestic Accident & Health Division of the AIG Companies®*

## RISK INFORMATION

Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Nature of Business _____ Standard Industrial Classification (SIC) _____

Type of Group ☐ Team ☐ Club ☐ Association ☐ League ☐ Not-for-Profit ☐ Employer
☐ Other _____

Description of Covered Persons _____

Describe Activities to be Covered _____

_____

_____

☐ Particpating in Covered Activity Only ☐ Travel to and from Covered Activity

## BENEFIT SCHEDULE (Some coverages may not be available to certain groups or in certain states)

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 Occurence _____

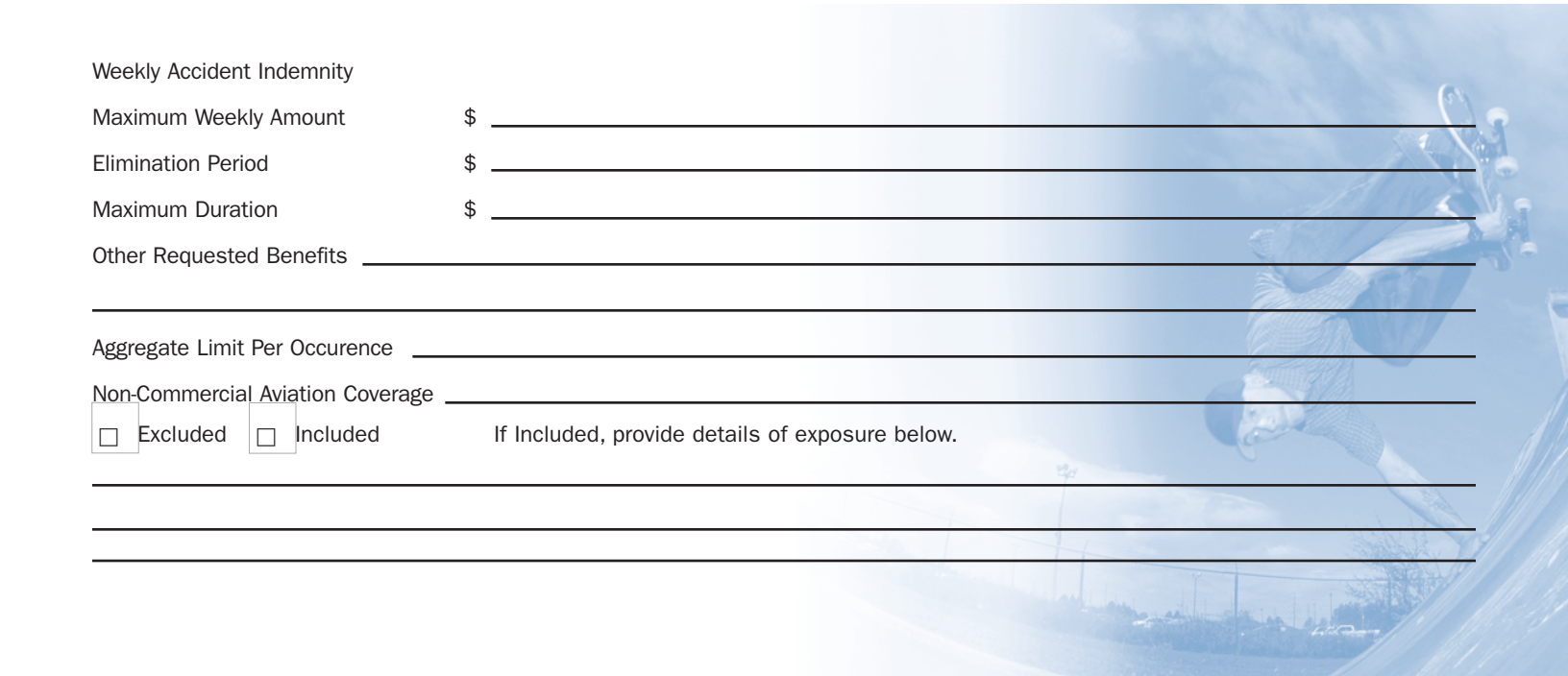
Non-Commercial Aviation Coverage _____

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

_____

_____

_____



## EXPERIENCE

If no prior coverage, check here ☐

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 five years' history.

f Premium and loss runs are not available, complete the chart below.

| Term | Earned Premium | Incurred Losses | Number of Losses |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## EXPOSURE

Number of Particpants _____

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 _____

## PARTICIPATION

Is this a volutnary program? ☐ Yes ☐ No

If Yes, explain _____

## PREMIUM REMITTANCE

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

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: _____

Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa.; Insurance Company of the State of Pennsylvania; Illinois National Insurance Company; A American International Life Assurance Company of New York, each with its principal place of business in New York, NY; and AIG Life Insurance Company (AIG Life), with its principal place of business in Wilmington, DE (collectively referred to as the "Insurance Company"), members of American International Group, Inc. Coverage is not available in all states or outside the U.S. AIG Life solicits business in New York.