

Special Risk Questionnaire



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 _____

Participating 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 Occurrence _____

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.

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

Term	Earned Premium	Incurred Losses	Number of Losses

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 _____

PARTICIPATION

Is this a voluntary 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.