Berkley Accident and Health
a Berkley Company

Participant Travel Accident Insurance
Request for Proposal

Benefits may vary and may not be available in all states

Submission Date:	_____	When would you like to receive your quote?	_____
Requested Effective Date:	_____	Requested Commission:	_____

Prospect Information

Name:		
Physical Address:		
City:	State:	Zip Code:
Website:	Facebook or other social media page:	
Please specify the dates of coverage needed: From _____ To _____		
Type of Coverage Requested: ☐ Outbound ☐ Inbound ☐ Both (Please attach additional information on a separate sheet)		

Description of Covered Trip and Activities

Type of Group:
☐ College / University ☐ K-12 Private School ☐ Religious Organization
☐ Volunteer / Non-Profit ☐ Camp / Clinic ☐ Common Carrier ☐ Recreational Organization
☐ Civic/Fraternal Organization ☐ Association ☐ Other (Please describe): _____

Description of Participants: _____

Description of Covered Activities (Please describe in detail): _____
_____

Do you want to include personal deviations? ☐ No ☐ Yes, for _____ days

Number of Active Days (Example: Number of events, meetings, etc.): _____

Number of Participants (Please specify by age group and coverage type):	Outbound Coverage	Inbound Coverage
Under Age 18		
Age 18 or Older		
Maximum Age		

Destination(s)	Expected Number of Trips	Average Number of Travelers	Average Length of Stay

Requested Benefits *(check all that apply)*

Please specify the benefit limit for the following:

☐ Accidental Death & Dismemberment $_____ Check here to include: ☐ Paralysis $_____ ☐ Coma $_____

Supplemental Out of Country Medical Expense Benefits

☐ Accident & Sickness Medical Max $_____ Benefit Type: ☐ Excess ☐ Primary ☐ Primary Excess $_____

Deductible: ☐ Corridor ☐ Vanishing Amount: $_____ Benefit Period: ☐ 26 weeks ☐ 52 weeks ☐104 weeks

☐ Home Country Extension: ___ day(s) / $_____ max ☐ Medical Emergency Guarantee Charge Expense: ☐ $5,000 ☐ $10,000

Requested Benefits *(continued – check all that apply)*

Check here to include: ☐ Recreational Sports Coverage $_____

Additional Benefits

☐ Medical Evacuation $_____ ☐ Repatriation $_____ ☐ Felonious Assault $_____

☐ Emergency Room Visit $_____ ☐ In-Hospital Indemnity $_____ ☐ Severe Burn $_____

☐ Bereavement and Trauma Counseling $_____ ☐ Security Evacuation $_____

☐ Additional Benefits (specify): _____

Travel Benefits

☐ Trip Cancellation $_____ ☐ Trip Interruption $_____ ☐ Trip Delay $_____

☐ Baggage and Personal Effects $_____ ☐ Baggage Delay $_____ ☐ Lost Baggage $_____

☐ Emergency Reunion $_____ ☐ Family Travel $_____

Additional Services *(Check all that apply)*

Basic travel assistance services are included. Check the box(es) below to include additional services.

☐ Security Assistance Services

☐ TRIP Portal Access – *The Travel Risk Intelligence Portal features information and tools to support travelers before and during their trips abroad. The Portal contains real-time destination-based health, security and travel-related information.*

Unusual or Hazardous Exposures

Are there any known concentrations, unusual or hazardous exposures to be covered?	☐ No	☐ Yes
Are there any participants whose job duties take place in moving vehicles? Examples include but are not limited to tug boats, ferries, other water carriers, and trucks.	☐ No	☐ Yes
Are there any participants whose occupational duties regularly take place off-site? Examples include but are not limited to field electric work, construction, and excavation.	☐ No	☐ Yes
Will participants engage in any of the following activities while traveling? Activities include off-road motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), sky diving, professional or amateur automobile racing, automobile speed contests, bungee jumping, spelunking, white water rafting, surfing, parasailing, piloting any aircraft including hang gliding, mountaineering, winter sports, bungee cord jumping, riding or driving in any kind of race, willful exposure to risk (other than in an attempt to save human life), any hazardous pursuit or occupation, or flying except while flying as a passenger in a fully-licensed multi-engine passenger aircraft.	☐ No	☐ Yes
Will participants travel to any countries currently on the U.S travel ban or OFAC list?	☐ No	☐ Yes

If you have responded Yes to any of these questions, please describe: _____

_____

Over Age 70 Information

A reduction schedule will apply to all insureds over the age of 69 unless otherwise specified. This Schedule reduces benefits applicable to participants over the age of 69. Please attach a list of individuals over age 69 (including Class and date of birth) only if a reduction in benefits is to be applied to those employees over age 69.

Would you like an age reduction schedule applied? ☐ No ☐ Yes (Please attach list of participants)

Current Coverage

Insurance Company: _____ **Note:** Please attach a copy of the expiring policy.

Has the current plan design been the same over the past five (5) years? ☐ Yes ☐ No

If no, please describe the benefit/plan changes from year-to-year in detail: _____

_____

Premium and Loss History: Please provide the premium and paid loss information for the past five (5) years. Be sure to include the validation date for the paid claim data (Note: The paid loss data should be within 60 days of the Submission Date of this request for proposal) and attach copies of the carrier loss runs that support the paid claims data.

Date through which claims are paid: _____

Policy Year	Premium	Losses Paid	Deductible Amount	Carrier

Producer Information

Producer Name:	Contact Person:	
Agency Legal Name:		
Address:		
City:	State:	Zip Code:
Telephone Number:	Fax Number:	
Email:		

Note: Business can only be bound, and commission payable, if you and your agency are properly licensed and appointed, by Berkley A&H, where required.

Terms of Acknowledgement and Signature: This Request for Proposal (RFP) is not a contract of insurance. No coverage is bound or afforded by this RFP. A proposal will be based on information included on or attached to this RFP. The undersigned hereby certifies that this information accurately represents the facts and that no requested information has been misrepresented, misstated, omitted, or altered. In the event that the undersigned becomes aware of facts that would have a material effect on the proposed coverage, any such facts or information must be immediately reported to carrier. I understand that if information material to the underwriting of this coverage changes, the carrier reserves the right to pursue, without limitation, an adjustment of premiums or coverage, in accordance with such correct facts or information and any other remedies available through operation of law or at equity.

Electronic Signature: *Please type your First and Last Name.*	**Title:** _____ **Date:** _____

☐ I understand that checking this box constitutes a legal signature confirming that I understand and agree to the above Terms of Acknowledgement. **Please do not forget to type your name in the E-Signature section.**

Please email completed form to SpecialRiskSolutions@BerkleyAH.com

Insurance coverage offered by Berkley Accident and Health is underwritten by Berkley Life and Health Insurance Company and/or StarNet Insurance Company, both member companies of W. R. Berkley Corporation and both rated A+ (Superior) by A.M. Best. The policies contain exclusions and limitations and may not be available in all states. For complete details, please contact us at SpecialRiskSolutions@BerkleyAH.com.