



Petersen International Underwriters

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Group Business Travel Accident Questionnaire

Name of the Firm: _____

Number of Employees to be Insured(per Class):

Class 1: _____

Class 2: _____

Class 3: _____

Total Estimated Number of Travel Days(for the next 12 months): _____

Actual Number of Travel Days for the Previous 12 Months: _____

Anticipated Locations of Travel(for the next 12 months): _____

Actual Locations of Travel for the Previous 12 Months: _____

Sum Insured Requested(per employee):

Class 1: _____

Class 2: _____

Class 3: _____

Brief Description of Job Duties(per Class):

Class 1: _____

Class 2: _____

Class 3: _____
