Group Personal Accident & Travel Policy

Security Questionnaire

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| Insured: |       |
| Policy Number: |       |  |
| Travel Start date: |       | Travel End date: |       |

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| Proposed Location of Trip (include City & Country) |       |

Please provide the following information with respect to the proposed trip:

1. Employees' Names and Individual Salaries (Salary required if Personal Accident is a multiple of salary)

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| Employee Full Name | Annual Salary | Nationality |
|       | £        |       |
|       | £       |       |
|       | £       |       |
|       | £       |       |
|       | £       |       |
|       | £       |       |

1. What is the total Sum Insured at each location?

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| £       |

1. Method of Travel to Country.

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1. Mode of Transport within Country.

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1. Describe the insureds operation and business focus for this trip..

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1. Nature of Duties of persons to be covered.

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1. Location of Work within country.

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1. Location of Accommodation within country including Name & Address of Accommodation.

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1. Name and address of the companies/clients visting or working for.

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1. Security Provisions, including details for any travel within country.

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1. Does the Insured have a specific evacuation plan? Please provide details.

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1. Are Employees mostly in highly protected areas?

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1. Is this Trip linked to any defence or military work? If yes, please provide details below.

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Other individuals’ personal information - By submitting information to AIG relating to any identifiable individual, the Insured represents that it has authority to provide that personal information to AIG.  With respect to any individual about whom the Insured provides personal information to AIG, the Insured agrees: (a) to inform the individual about this Privacy Policy; and (b) to obtain any legally-required consent for the collection, use, disclosure, and transfer (including cross-border transfer) of personal information about the individual in accordance with the Privacy Policy.