



The AIG Life
Companies (U.S.)

Basic Accidental Death & Dismemberment Questionnaire

Submission Date: _____

Quote Due Date: _____

RISK INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Nature of Business: _____ Standard Industrial Classification (SIC): _____

Total Number of Employees: _____ Total Number of Employees To Be Covered: _____

ELIGIBILITY (Define): _____

Please supply an employee detail (by State) in the chart. Attach another sheet, if necessary. If detail is not possible, complete the first line.

Standard Industrial Classification (SIC) Code	Number of White Collar Employees	Number of Blue Collar Employees	Location (State)

BENEFITS

Accidental Death Only Accidental Death & Dismemberment

Additional Benefits (Describe): _____

What is monthly volume of insurance? _____

What is the principal sum per class? _____

If multiple of earnings, how is salary defined? _____

What is highest salary? \$ _____ Average Salary? \$ _____

Please Note: The Standard Age Reduction Schedule will apply. This reduces benefits applicable to employees over age 69. Please attach a list of individuals over age 69 (including Class and date of birth) *only if Full Benefits* for those employees over age 69 are to be maintained.

