



**AIG Small Business®**  
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**Accident and Health Supplemental Questionnaire**

Expiring Policy #

1. Name of Insured:
2. Insured Address:
3. Has the number of traveling participants changed?  
 Yes  
 No
4. Has the number of traveling participants days changed?  
 Yes  
 No
5. Are you requesting Principle sums in excess of \$500,000 or more than 5 times salary?  
 Yes  
 No
6. Are you requesting an aggregate limit in excess of \$5,000,000?  
 Yes  
 No

**Only Question 7 and 8 apply to Insureds requesting Special Risk Coverage.**

7. If fixed term policy are dates changing?  
 Term Dates for next policy year \_\_\_\_\_
8. Has the number of participants changed?  
 Yes  
 No

Signed \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

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**Broker Use Only**

**Broker Signature and Date** \_\_\_\_\_  
 Supplemental Questionnaire Satisfactory \_\_\_Yes \_\_\_ No  
 Please Bind \_\_\_\_\_yes \_\_\_\_\_No