



## BUSINESS TRAVEL ACCIDENT – ENROLLMENT FORM

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street

City State Zip

Email Address

### PREMIUM CALCULATION

Number of Employees \_\_\_\_\_

Include both part time and full time Employees

X

Rate **\$40.00 per person + \$5.00 billing fee**

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Total Annual Premium \_\_\_\_\_

Please remit premium to: AIS  
One Kaiser Plaza, Ste 1333  
Oakland, CA 94612

Effective Date of Coverage: \_\_\_\_\_



\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agent Email

\_\_\_\_\_  
Agent Phone Number

