

Request for International Trip Insurance



Mentor/Coordinator Name: _____ Troop #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Location: _____

Dates of Trip: _____

Mentor/Coordinator Signature: _____ Date: _____

Schedule of Each Event							
Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of Days	Number of Participant Days (1x2)	Premium Each Day @ \$1.17	Total (3x4)
Example:							
Out Chalet. Switzerland	3-10-17	3-21-17	12	11	132	\$1.17	\$154.44
Total:	N/A	N/A					

1. List the name and location of your trip.
2. Beginning date is the day you leave and the ending date is when you return home.
3. Total participants (girls and adults).
4. **Total number of days.**
5. Multiply participants times day and then multiply by \$1.17.
6. Attached this form to your Troop Trip Application.
7. Total payment for insurance must be received at least **3 weeks before your trip.**