



451 Diamond Drive | Ephrata, WA 98823 Phone: (800) 407-2027 Fax: (509)754-3406

**SHORT TERM TRIP QUESTIONNAIRE FOR
NON-SPORT VOLUNTEER AND/OR PARTICIPANT ACCIDENT INSURANCE (WA Only)**

Name: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Web Page Link: _____

Type of Group: Team Club Association Not-for-Profit Employer Other _____

Destination: USA Only Out of Country – Country(ies) _____

Effective date of Trip: ____/____/____ to ____/____/____ (incl. Addendum A for multiple trips)

Type of Trip: _____

Describe activities to be covered: _____

Age of Participants: _____ 12 and Under _____ 13 -15 _____ 16 – 18 _____ 19 & Over

Please select one plan.

Plan 1: Assumes Accident Medical Expense with \$0 deductible and 52 week benefit period.

Plan 2: Assumes Accident Medical Expense with \$0 deductible and 52 week benefit period

Plan 3: Assumes Accident Medical Expense with \$25 deductible and 52 week benefit period.

		AD&D	Accident Medical	Daily Rate (Primary)	Daily Rate (Excess)
Plan Desired:	<input type="checkbox"/> Plan 1	\$10,000	\$15,000	<input type="checkbox"/> \$0.44	<input type="checkbox"/> \$0.36
	<input type="checkbox"/> Plan 2	\$10,000	\$25,000	<input type="checkbox"/> \$0.50	<input type="checkbox"/> \$0.41
	<input type="checkbox"/> Plan 3	\$10,000	\$25,000	<input type="checkbox"/> \$0.45	<input type="checkbox"/> \$0.36

Total number of volunteers _____ x Number of days _____ x Rate _____ = Premium due \$ _____

Total number of participants _____ x Number of days _____ x Rate _____ = Premium due \$ _____

Minimum Premium: \$300 Total Premium due \$ _____

Completed by: _____ Print Name: _____

Agent's Name: _____ Agent #: _____

Address: _____ Agent Resident License # _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax # _____ Email Address: _____

Note: Sport team short term trip submissions will be considered for underwriting review and consideration.

Fax questionnaire to (509)754-3406 for review and issuance.

Coverage shall not be bound until the Company approves the completed and signed questionnaire.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.