

Church Mutual Insurance Company
Application for Foreign Trip Coverage

Named Insured: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Insured Contact: _____
Phone: _____ Fax: _____ E-Mail: _____
Agent: Tony Gaona Phone: 800 554 2642 E-Mail: tgaona@churchmutual.com

Do you have any permanent locations/operations/missionaries overseas? Yes No
Have there been any prior claims resulting from overseas accidents or injuries? Yes No
If there have been prior claims, please provide a brief description: _____

Complete the section below for each planned trip:

Trip 1 Details:

Departure Date: _____ Return Date: _____
Purpose (i.e., educational, tour, mission, construction, etc.): _____

Destination (City and Country): _____
Number of Employee Participants: _____ Number of Other Participants (Volunteers): _____

Trip 2 Details:

Departure Date: _____ Return Date: _____
Purpose (i.e., educational, tour, mission, construction, etc.): _____

Destination (City and Country): _____
Number of Employee Participants: _____ Number of Other Participants (Volunteers): _____

Trip 3 Details:

Departure Date: _____ Return Date: _____
Purpose (i.e., educational, tour, mission, construction, etc.): _____

Destination (City and Country): _____
Number of Employee Participants: _____ Number of Other Participants (Volunteers): _____

Policy Limits:

Foreign Commercial General Liability Limits of Insurance

\$ 2,000,000	General Aggregate Limit
\$ 1,000,000	Products - Completed Operations Aggregate Limit
\$ 1,000,000	Personal & Advertising Injury Limit
\$ 1,000,000	Each Occurrence Limit
\$ 50,000	Damages to Premises Rented to You Limit
\$ 10,000	Medical Expense Limit Per Person

Foreign Travel Accident and Sickness Limits of Insurance

Coverages A and B: Accidental Death and Dismemberment (AD&D) 24-Hour Protection
(Subject to percentages per the Table of Losses)

\$ 100,000	Principal sum, each insured person, or five times the insured person's annual salary, whichever is lower
\$ 500,000	Aggregate limit, any one accident for all insured persons

Coverage C: Accident and Sickness Medical Expense

\$ 25,000	Covered medical expense, each insured person
\$ 25,000	Covered medical expense, maximum each injury or sickness
\$ 100	Deductible per insured person, per each injury or sickness

Coverage D: Emergency Medical Evacuation

\$ 100,000	Covered expenses, each insured person
\$ 100,000	Maximum, each serious injury or sickness

Coverage E: Emergency Family Travel

\$ 25,000	Maximum, each emergency medical evacuation
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Coverage F: Repatriation of Remains

\$ 20,000	Covered expenses, each insured person
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AIG Assist Services include but are not limited to:

- **Medical Assistance:** Referral to English-speaking doctors, advance payment of medical expenses, guarantee of hospitalization fee, medical evaluation, medical case monitoring, and medical records and medication shipment.
- **Pretrip Personal Assistance:** Passport and visa requirements, political/environmental warning information, currency information and ATM locations, information regarding global weather, emergency message transmissions, and telephone translations.
- **In-Route Services:** Lost/stolen luggage and personal effects assistance, lost/stolen travel documents/tickets assistance; emergency cash transfer, trip interruption assistance, and insurance/claims coordination.
- **Legal Assistance:** Referral to local attorney.

The availability of services is subject to the terms and conditions of the policy to the insured organization.

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the company to complete the insurance. The undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the company of the changes, and the company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Broker Signature and Date _____

Insured Signature and Date _____