

Church WorldRisk™

EPISCOPAL CHURCH TRAVEL APPLICATION

The Church Insurance Agency Corp 445 Fifth Avenue, New York, NY 10016	Corporate Office Field Service	800-223-6602 800-293-3525
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Entity Name: _____

Entity Address: _____

Entity Contact Person: _____

Phone & E-Mail: _____

Instructions: Please complete the following section for all travel contemplated between date of application and January 1 of the following year. Attach additional sheet(s) as necessary.

	Trip 1	Trip 2	Trip 3	
1	Destination(s)			
2	Purpose (e.g., choir tour, study group, mission project, clergy conference, etc.)			
3	Itinerary, including approximate travel dates (e.g., fly to Paris 4/15/01; perform 2 concerts; fly to Rome 4/20/01; perform 1 concert; fly to London 4/23/01; tour cathedrals; fly to NY 4/30/01).			
4	Census of travelers per trip			
	(A) # Employees			
	(B) # Adult Chaperones, excluding employees			
	(C) # Adult Participants			
	(D) # Youth Participants			
5	Total Participants [A+B+C+D]			
6	Duration of Trip (# Days)			TOTALS
7	Total Group Travel Days [Line 5 x Line 6]			days
8	Total Premium [Line 7 x \$8.50]	\$	\$	

Completed by (please PRINT name and title, then sign)

Date of Application

Note: This is not an agreement to bind insurance coverage. Quotation subject to final underwriting review, approval, and certification. Coverage furnished pursuant to the terms, conditions, and exclusions of policy issued by a member company of American International Group (AIG). Premium subject to year-end audit and adjustment based on actual exposures.