



Passport To Ministry® Trip Report Form for Christ's Hope USA, Inc. – Traverse City, MI
Policy Number 2IPLA374766

Instructions

Complete this form at least two weeks before each foreign trip and fax it to 1-800-901-8427, attention *Passport to Ministry*

Trip Schedule Information

Trip purpose *(check all that apply)*:

* **Note:** *Contact Brotherhood Mutual if this is a medical mission trip and any of the medical professionals would like a quote for medical malpractice defense coverage.*

- Major building project
- Vacation Bible School
- Adventure Sports
- Medical Mission *
- Painting/clean up
- Evangelism
- Other _____
- Trip/Tour
- Outreach

Are any other ministries/organizations co-sponsoring this trip with you?

- Yes No

If yes, and you want to add them as an additional insured for this trip, list name and address:

Name of team leader: _____ Phone: _____

Email address where team leader kit should be sent: _____

List all foreign country destinations:

Note: *No coverage can be provided for travel to any country in which US trade sanctions apply at the time of travel.*

Trip departure date: _____ Trip return date: _____

If any of your travelers will be departing prior to, or returning after your group's departure and return dates, please list them below and indicate their departure and return dates separately. *(Example: Bob Johnson 4/5-4/10; Sally Johnson 5/8-5/12)*

Trip Premium Calculation Instructions

Coverage Options – All travelers must be covered and the same limit option must be chosen for all travelers. Policy Administrative Fee - \$15 mandatory fee must accompany any new policy or renewal application.

Overnight Mailing Fee – Your travel kit will be emailed to you. Be sure you have provided an email address. If we need to overnight your materials, you will be charged a \$20 overnight mailing fee.

Premium Calculator

Coverage Options <i>(Check one)</i>	Medical Limits Accident or Sickness	Cost per Day per Traveler	No. of Travelers	No. of Travel Days <i>(include departure day and return day)</i>	Premium Amount
<input type="checkbox"/> Option 1	\$100,000	\$5.75	X	X	=
<input type="checkbox"/> Option 2	\$50,000	\$3.80	X	X	=
<input type="checkbox"/> Option 3	\$25,000	\$3.00	X	X	=
<input type="checkbox"/> Option 4	\$10,000	\$2.25	X	X	=
Total due <i>(Do not send payment.)</i>					

Note: Neither the submission of an application nor the submission of premium will act to bind coverage nor guarantee that any policy will be issued. Should a policy be issued, coverage will apply in accordance with the terms set forth within the policy. We will rely on the accuracy of the statements in the application to determine whether to issue a policy and the amount of premium to charge.

Fraud Statement: Brotherhood Mutual Insurance Company relies on the information provided in this application to determine whether a proposal or policy will be issued and at what premium level. Any person who knowingly and with intent to defraud an insurance company, files an application for insurance containing any materially false information, or concealing any material information, will be subject to any and all applicable civil, criminal, and contractual penalties.

