



Sister Cities International – General Exchange
2007-2008 Policy year (8/1/2007 – 7/31/2008)

Name of Sister City Organization:

Contact Person:

Phone Number:

Fax Number:

Email Address:

Mailing Address: (Street address, please)

Please check if Residence Address

Copy form for additional insureds

Insured: Last, first name
~PLEASE PRINT CLEARLY!~

Sex

Home Country

Host Country

Date of Birth (M/D/YY)

Departure Date (M/D/YY)

Return Date (M/D/YY)

of Days

x Daily Premium

Premium

EXAMPLE – Reich, Karl

M

USA

RUSSIA

5/31/70

8/12/06

8/24/06

13

X \$2.65 =

\$34.45

THIS IS A GROUP ENROLLMENT FORM - A GROUP MAY BE AS SMALL AS A SINGLE INDIVIDUAL, BUT 100% OF THE GROUP MUST BE INSURED.

1.								<input type="checkbox"/> X \$2.65 =	\$
2.								<input type="checkbox"/> X \$2.65 =	\$
3.								<input type="checkbox"/> X \$2.65 =	\$
4.								<input type="checkbox"/> X \$2.65 =	\$
5.								<input type="checkbox"/> X \$2.65 =	\$
6.								<input type="checkbox"/> X \$2.65 =	\$
7.								<input type="checkbox"/> X \$2.65 =	\$
8.								<input type="checkbox"/> X \$2.65 =	\$
9.								<input type="checkbox"/> X \$2.65 =	\$
10.								<input type="checkbox"/> X \$2.65 =	\$

Signature of Contact Person:

Total Premium this page:

\$

Print Name:

Title:

- Be sure to include departure and return date in calculating your days of coverage
- Preferred method of receiving insurance documents (check only one): USPS FAX Email

Important: **Check or money order only.** Make checks payable to Collegiate Risk Management, in U.S. dollars drawn on an U.S. bank. **Premium must be received prior to the departure date. Allow 2 weeks to receive Identification Cards and brochures.** For rush enrollments and other questions, call Collegiate Risk Management.

Insurance Company: United States Fire Insurance Company

Policy Number: US022080

Collegiate Risk Management, 110 Athens Street * Tarpon Springs, FL 34689 * 800-222-5780 * Fax: 727-939-8323 *