



INTERNATIONAL GROUP TRAVEL INSURANCE QUOTE REQUEST FORM

Submission Date:	Quote Due Date:	Requested Effective Date:
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GENERAL INFORMATION

Applicant Name:

Address:

City:

State:

Zip:

SIC Code:

Phone:

Does the Applicant currently have this coverage? Yes No

If yes, please provide a copy of your policy's schedule page and five years of loss history.

Does the Applicant currently contract with International SOS? Yes No

SECTION I – COVERAGE

- Desired Out of Country Medical Limit: \$ (Standard is \$100,000)
- Is War Risk Coverage desired? Yes No
War or act of war is a standard exclusion on Travel Accident policies. In order to have coverage for losses resulting from war or acts of war, war risk coverage must be purchased.
- Is Security Evacuation Coverage desired? Yes No
Pays for the evacuation of an insured person to the nearest place of safety in the event of political or civil unrest, a natural disaster, imminent threat of danger. (May not be available in all states)

SECTION II - TRAVEL EXPOSURES

Please complete for all known or expected trips for the policy term. Attach additional pages if necessary.

Trip #1:

Start Date of Travel: End Date of Travel:
Destination(s):
Purpose of Trip:
Number of Travelers:

Trip #2:

Start Date of Travel: End Date of Travel:
Destination(s):
Purpose of Trip:
Number of Travelers:

Trip #3:

Start Date of Travel: End Date of Travel:
Destination(s):
Purpose of Trip:
Number of Travelers:

Trip #4:

Start Date of Travel: _____ End Date of Travel: _____
 Destination(s): _____
 Purpose of Trip: _____
 Number of Travelers: _____

Trip #5:

Start Date of Travel: _____ End Date of Travel: _____
 Destination(s): _____
 Purpose of Trip: _____
 Number of Travelers: _____

Trip #6:

Start Date of Travel: _____ End Date of Travel: _____
 Destination(s): _____
 Purpose of Trip: _____
 Number of Travelers: _____

AGENCY INFORMATION

Agency Name: _____
 Philadelphia Insurance Companies Agency Number: _____
 Contact Person: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Website: www. _____

Does the Producer/Agent have an active Accident & Health license in the applicable risk state? Yes No

Please email the completed form to: AH@phly.com **Phone: 800.734.9326**