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PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

GROUP INBOUND / OUTBOUND TRAVEL ACCIDENT & SICKNESS INSURANCE REQUEST FOR COVERAGE

Name of Organization:_____
Street Address:_____
City:_____ State:_____ Zip:_____

1. Has this organization had prior travel accident & sickness coverage? ☐ Yes ☐ No

2. Trip #1:
   a. Start Date of Travel:_____ End Date of Travel:_____
   b. Destination(s):_____
   c. Purpose of Trip:_____
   d. Number of Travelers:_____

3. Trip #2:
   a. Start Date of Travel:_____ End Date of Travel:_____
   b. Destination(s):_____
   c. Purpose of Trip:_____
   d. Number of Travelers:_____

4. Trip #3:
   a. Start Date of Travel:_____ End Date of Travel:_____
   b. Destination(s):_____
   c. Purpose of Trip:_____
   d. Number of Travelers:_____

In order to bind coverage, the carrier requires a signed application, which will be attached to the proposal we issue, and a name list of travelers. We handle this line agency bill.

ACKNOWLEDGEMENTS AND SIGNATURES

a. **Fraud Warning** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

b. **Applicant's Acknowledgement** I, the Applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of Philadelphia Indemnity Insurance Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive office of Philadelphia Indemnity Insurance Company and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed:_____ Title:_____ Date:_____

Agent Name:_____ Agency:_____
Address:_____
City:_____ State:_____ Zip:_____
Email:_____ Phone:_____ Fax:_____

Please return form to: Philadelphia Insurance Companies, 500 Mamaroneck Avenue, Suite #402, Harrison NY 10528
AH@phly.com • Phone: 1-800-734-9326