



Sister Cities International – General Exchange  
2009-2010 Policy year (7/1/2009 – 6/30/2010)

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

8/12/09

8/24/09

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: US022304

**Collegiate Risk Management, 110 Athens Street \* Tarpon Springs, FL 34689 \* 866-931-9560 \* Fax: 727-939-8323 \***