

 **Girl Scouts of Eastern South Carolina**

 **Extra Insurance Request Form**

Registered Girl Scouts (Girls and Adults) are covered by accident activity insurance through Mutual of Omaha Insurance Co (Ba sic Coverage Plan 1). **For all trips longer than two (2) nights**, extra insurance must be obtained for trip or event approval. Each day of this trip must be covered, including travel days. Extra insurance is also required for events where non-members will be in attendance. This form with payment information and an itinerary (if applicable), must accompany your Trip Approval Form **three (3) weeks before the trip or event to give enough time to complete any missing training or paperwork**. Submit paperwork to the North Charleston Service Center, 7257 Cross County Rd., North Charleston, SC 29418. Fax 843.552.6221.

Service Unit Click here to enter text.Troop Click here to enter text.

 Leader Click here to enter text.Phone (H) Click here to enter text.(W) Click here to enter text.

Address & Zip: Click here to enter text.

Type of activity: Click here to enter text.

Location: Click here to enter text.Dates From: Click here to enter text.To: Click here to enter text.

Total number of participants: Click here to enter text.(attach list to Trip Approval Form)

|  |  |  |  |
| --- | --- | --- | --- |
| Level of coverage: | Plan 2 | .11 per day per participant | accident |
|  | Plan 3E | .29 per day per participant | accident and sickness, supplemental |
|  | Plan 3P | .70 per day per participant | accident and sickness, primary |
|  | Plan 3PI | 1.17 per day per participant | accident and sickness, international trips |

# of participants Click here to enter text.X # of days Click here to enter text.X rate plan Click here to enter text.= $ Click here to enter text. **($5 minimum) Rates subject to change.**

Payment information:

Cash: [ ]  Check number [ ]

Credit Card (Please check one): Visa [ ]  Discover [ ]   MasterCard [ ]

Card Number Click here to enter text.   CVV  Click here to enter text.

   Expiration Date: Click here to enter text. Signature Click here to enter text.

By typing my name in the box above I am offering my digital signature in lieu of my handwritten signature. I understand that my digital signature carries the same legal bindings as my handwritten signature.