



OF SHAGBARK COUNCIL

INSURANCE PLAN 2 - Mutual of Omaha

NON-MEMBER PARTICIPANT ACCIDENT INSURANCE APPLICATION

Plan 2 provides up to \$5,000.00 accident insurance coverage for injuries received at an approved, supervised Girl Scout activity or traveling directly to and from the activity. This plan is a secondary coverage plan similar to the coverage provided automatically with Girl Scout membership. See Plan 2 Description of Coverage sheet for more information. Purchase this insurance for Girl Scout activities that will include non-members. Some examples of activities that would purchase this coverage are service unit or troop events that include non-members such as recruitment events, family events, bring a friend events. Use this plan for troop trips lasting less than two nights that include non-members.

INSTRUCTIONS:

1. This application and premium must be received in the Girl Scouts of Shagbark Council service center at least two weeks before the first day of the Girl Scout trip/event.
2. The beginning and ending dates are inclusive. When calculating the number of days for a trip, include both the first and last days, even if they are partial days.
3. Make check payable to Girl Scouts of Shagbark Council for the total premium shown below and mail to the Service Center at 4102 S. Water Tower Place, Mt. Vernon IL, 62864.

MINIMUM PREMIUM IS \$5.00.

Please provide Plan 2 accident insurance to cover all enrolled participants in the following approved, supervised Girl Scout activity:

Event/Trip Date(s): Beginning Date _____ End Date _____

Event Location or Trip Destination _____

Service Unit _____ Troop # (if troop activity) _____

Event Director or Troop Leader _____ Day Telephone # _____

Address _____ Town _____ Zip _____

PREMIUM

- | | |
|---|--------------------------|
| 1. Total non-Girl Scout member participants | _____ |
| 2. Number of days scheduled (include partial days) . . . | _____ |
| 3. Number of participant days (line 1 x line 2) | _____ |
| 4. Premium rate each day | .11 cents |
| 5. TOTAL PREMIUM (line 3 x line 4) | \$_____ (minimum is \$5) |

Signed _____ Title _____ Date _____