

Passport to Ministry® Application | OPTION 1

Organization Information

Ministry/Organization name: _____

Policy number: _____

Mailing address: _____

(City) (State) (Zip)

Phone number: _____ Web address: _____

Denomination or association affiliation: _____

In the past five years, have any of your travelers experienced medical or personal liability losses resulting from an accident or injury that happened in a foreign country—whether or not the loss was covered by insurance, from Brotherhood Mutual or any other insurance provider? Yes No

If you answered yes to the previous question, please explain the nature of the loss and include the date that it occurred.

If a new customer, how did you hear about us?

Magazine advertising	Convention	Internet	Mailing
Referred by a friend	Agent contact	Current Brotherhood Mutual customer	Other

Contact Person

Please provide contact information for the person who'll be receiving the policy, supplies, and future correspondence:

Name: _____ Title: _____

Address: *(if different than above)* _____

(City) (State) (Zip)

E-mail: _____ Daytime Phone: _____

Additional Insured

Is there another organization co-sponsoring this trip with you? Yes No

If yes, would you like to add the organization as an additional insured to this policy? Yes No

Organization name: _____

Address: _____

Brotherhood Mutual Agency Information *(Fill out only if you are purchasing this policy through a Brotherhood Mutual agent.)*

Agency name: _____

Agent's name: _____ Agent's number: _____ - _____

Section 2: Trip Schedule

Trip purpose (*check all that apply*):

Additional Insured

Work project Tour Vacation Bible school

Evangelism Medical mission* Other _____

This trip will include adventure sports. (please specify)

*Contact Brotherhood Mutual if this is a medical mission trip and any of the medical professionals would like a quote for medical malpractice defense reimbursement coverage.

List all foreign country destinations: _____

Trip Premium Calculation Instructions

Medical Limit: All travelers on this trip must be covered by this policy, and the same medical limit must be chosen for all travelers.

Policy Number _____ Departure Date _____ Return Date _____

Premium Calculator

Medical Limits Accident or Sickness (Choose one)	Cost per Day per Traveler	No. of Travelers	No. of Travel Days (Include departure day and return day)	Premium Amount*
		X		
			X	
				=

* Premium amount does not include \$15.00 annual account administration fee.
The entire premium payment is due prior to trip departure.

Submitting Your Application

- Email your application to passport@brotherhoodmutual.com or fax it to 1-800-901-8427.
- Send the premium due to the address below. **(Be sure to include your ministry name, address, policy number, and contact information when submitting your check made payable to Brotherhood Mutual Insurance Company.)**

Passport to Ministry
Brotherhood Mutual Insurance Company
P.O. Box 2227
Fort Wayne, IN 46801-2227

Note: Neither the submission of an application nor the submission of premium will act to bind coverage nor guarantee that any policy will be issued. Should a policy be issued, coverage will apply in accordance with the terms set forth within the policy. We will rely on the accuracy of the statements in the application to determine whether to issue a policy and the amount of premium to charge.

Fraud Statement: Brotherhood Mutual Insurance Company relies on the information provided in this application to determine whether a proposal or policy will be issued and at what premium level. Any person who knowingly and with intent to defraud an insurance company, files an application for insurance containing any materially false information, or concealing any material information, will be subject to any and all applicable civil, criminal, and contractual penalties.

Section 3: Trip Roster

Ministry/Organization name: _____

Destination: _____ Departure Date _____ Return Date _____

E-mail address where team leader kit should be sent: _____

Trip Roster/Departure Status

Record the names of all individuals who will be traveling on your mission trip. If any of your travelers will be departing prior to, or returning after your group's departure and return dates, please list and indicate their departure and return dates. (Example: Bob Johnson 4/5-4/10; Sally Johnson 5/8-5/12)

Name of Traveler	Date of Birth	Travel Dates (if different from the planned group date)	Ministry Role
1			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
2			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
3			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
4			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
5			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
6			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
7			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
8			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
9			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
10			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
11			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
12			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
13			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
14			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee
15			<input type="checkbox"/> Employee <input type="checkbox"/> Non-employee