



Sister Cities International – General Exchange  
2019-2020 Policy year (6/27/2019 – 6/25/2020)

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 insured  
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
M	USA	RUSSIA	5/31/70	8/12/19	8/24/19	13	<input type="checkbox"/> X \$3.99 =	\$51.87

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 \$3.99 =	\$
2.							<input type="checkbox"/> X \$3.99 =	\$
3.							<input type="checkbox"/> X \$3.99 =	\$
4.							<input type="checkbox"/> X \$3.99 =	\$
5.							<input type="checkbox"/> X \$3.99 =	\$
6.							<input type="checkbox"/> X \$3.99 =	\$
7.							<input type="checkbox"/> X \$3.99 =	\$
8.							<input type="checkbox"/> X \$3.99 =	\$
9.							<input type="checkbox"/> X \$3.99 =	\$
10.							<input type="checkbox"/> X \$3.99 =	\$

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  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 by mail. For rush enrollments and other questions, call Collegiate Risk Management.

Insurance Company: Allied World Assurance Company Holdings, GmbH

Policy Number: AW000129

Collegiate Risk Management, 110 Athens Street \* Tarpon Springs, FL 34689 \* 1-800-922-3420