



ADDITIONAL INSURANCE REQUEST FORM

INSTRUCTIONS: Review the Additional Activity Insurance Procedure

- Complete an Additional Insurance Request Form – one (1) per event.
- Include a check for the correct amount payable to GSWPA and submit **eight (8) weeks in advance of event** to Garret Myers at gmyers@gswpa.org or via mail to 30 Isabella Street Suite 107 Pittsburgh, Pa 15212. If this is for a trip or high-risk activity: Also mail a copy of this form with your Trip and High-Risk Activity Application
- A minimum payment of \$5 is required on all additional insurance requests. DO NOT send cash. If submitting more than one request, they can be combined to a single \$5 payment if the total of the two is less than \$5.

FORM SUBMITTED BY (Please print)

Name: _____

Address _____

Street City State Zip

Phone _____ Email _____

ADULT IN CHARGE OF ACTIVITY (if different from adult submitting)

Name _____

Address _____

Street City State Zip

Phone _____ Email _____

DESCRIPTION OF EVENT/ACTIVITY

Event Name/Description: _____

Location Name _____

Address _____

Street City State Zip

Beginning Date _____ Ending Date _____

Event Duration (number of days) _____ (Each portion of a day is counted as a full day)

Number of registered Girl Scouts attending: _____ (Extended Event (3E) Insurance is required for registered Girl Scouts when activity lasts longer than **2 overnights**)

Number of non-members attending: _____ (Insurance is required for all non-members participating in **any** activity)

COMPLETE THE CHART BELOW FOR THE TYPE(S) OF INSURANCE

COVERAGE NEEDED–See example below and review the Additional Activity Insurance Procedure for descriptions of the different plans.

PLAN	Number of Participants	Number of Days	Number of participants X Number of days	Premium each day	TOTAL DUE (Minimum \$5)
Example	15	2	30	@.11	\$3.30 (\$5)
2 Participant				@.11	
3E Extended Event				@.29	
3P Extended Event Primary				@.70	
3P-I International Extended Event				@\$1.17	