

ADDITIONAL INSURANCE REQUEST - 3P ACCIDENT PLUS SICKNESS

INSTRUCTIONS: Use this application to purchase 3P Accident Plus Sickness Insurance only.

- Complete this *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 the event** to Customer Care at customer care@gswpa.org or via mail to 503 Martindale Street, Suite 500, Attention, Additional Insurance, 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 into 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 participants attending: _____

COMPLETE THE CHART BELOW TO DETERMINE THE AMOUNT OWED

See the 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	@.70	\$21.00 (\$5)
3P Accident & Sickness				@.70	

Plan 3P covers accident plus sickness for members and nonmembers for any approved, supervised Girl Scout activity with no event duration time frame.