girl scouts
western pennsylvania

800-248-3355
gswpa.org

ADDITIONAL INSURANCE REQUEST FORM

INSTRUCTIONS: Review the *Additional Activity Insurance Procedure*

- 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 event** to Customer Care at customercare@gswpa.org or via mail to 503 Martindale Street, Suite 500 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 sub-mitting 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 TYPES(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	