



Passport to Ministry® Application

Instructions

- Short-term trips (*less than 120 days*) Complete sections: I, II, III
- Extended operations (*trips outside the U.S. for a continuous period of 120 days, some ongoing*) Complete sections: I, IV
- Short-term and Extended operations (*some trips less than 120 days, some ongoing*) Complete sections: I, II, III, IV
- Additional trips (*adding additional trips to your existing policy*) Complete sections: II, III

Section I

General Information

Ministry/organization name: _____

Mailing address: _____

(City) (State) (Zip)

Phone number: _____ Fax number: _____

Denomination affiliated with: _____

Foreign loss history in last 5 years: _____

Please list the name of the person to send the policy, supplies, and future correspondence to:

Name: _____ Title: _____

Address (*if different than above*): _____

(City) (State) (Zip) Daytime phone: _____

Email address: _____

We are part of a **Passport to Ministry®** group program established by our denomination. Yes No

If yes, group sponsor's name: _____

Group account number (*if known*): _____

Are any other ministries/organizations co-sponsoring this trip with you? Yes No

If yes, and you want to add them as an additional insured for this trip, list name, address and relationship to insured:

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: _____ - _____

Agent Notes (*Internal Use Only*): _____

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Section II

Trip Schedule Information

Trip purpose (check all that apply):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Major building project | <input type="checkbox"/> Painting/clean up | <input type="checkbox"/> Trip/Tour |
| <input type="checkbox"/> Vacation Bible School | <input type="checkbox"/> Evangelism | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Adventure Sports | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Medical Mission * | | |

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

List all foreign country destinations: _____

Note: No coverage can be provided for travel to any country in which US trade sanctions apply at the time of travel.

Trip departure date: _____ Trip return date: _____

If any of your travelers will be departing prior to, or returning after your group's departure and return dates, please list them below and indicate their departure and return dates separately. (Example: Bob Johnson 5/4-5/15; Sally Johnson 5/8-5/12)

Trip Premium Calculation Instructions

Coverage Options - All travelers must be covered and the same limit option must be chosen for all travelers.

Travel Days - If your annual combined travel days for all trips exceeds 300 days, please contact the home office at 1-800-876-4994 for a possible discounted rate.

Trip Minimum Premium - The minimum trip premium is \$450.

Policy Administrative Fee - New and renewal applications require a \$15.00 fee.

Overnight Mailing Fee - Your travel kit will be emailed to you. Be sure you have provided an email address either on page 1 or page 3. If we need to overnight your materials, you will be charged a \$20 overnight mailing fee.

Premium Calculator

| Coverage Options (Check one) | Medical Limits Accident or Sickness | Cost per Day per Traveler | No. of Travelers | No. of Travel Days (Include departure day and return day) | Premium Amount |
|---|---|---------------------------------|---------------------|---|-------------------|
| <input type="checkbox"/> Option 1 | \$100,000 | \$7.50 | X | X | = |
| <input type="checkbox"/> Option 2 | \$50,000 | \$5.00 | X | X | = |
| <input type="checkbox"/> Option 3 | \$25,000 | \$3.75 | X | X | = |
| <input type="checkbox"/> Option 4 | \$10,000 | \$2.50 | X | X | = |
| Trip Premium (If less than the minimum premium is required, use the trip minimum premium.) | | | | | \$ |
| \$15.00 Policy Administrative Fee (Only payable if new policy or a renewal policy.) | | | | | \$ |
| Total Due (The entire payment is due prior to trip departure.) | | | | | \$ |

Please send the total premium due along with both the completed application and completed roster to:

Passport to Ministry[®], Brotherhood Mutual Insurance Company, PO Box 2227, Fort Wayne, IN 46801-2227

For those trips requiring immediate attention, fax the application, roster, and a copy of your check to Brotherhood Mutual at 800-901-8427; then mail the originals to the above address.

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.

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Section III Trip Roster

Organization name: _____

Destination: _____ Depart U.S. _____ Return U.S. _____

Provide email address where team leader kit should be sent:

| Name of Traveler | Date of Birth | Passport ID Number | |
|------------------|---------------|--------------------|--|
| | | | <input type="checkbox"/> Employee <input type="checkbox"/> Non-employee |
| | | | <input type="checkbox"/> Employee <input type="checkbox"/> Non-employee |
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To list additional travelers, please photocopy this page or attach a second sheet with the needed information.

