Instruction- Complete the form when a student group is going on a field trip; a student program is being implemented for a limited time or a new student program is being developed that requires student accident/health insurance for the participants.

GSU Department Requesting Insurance: _______________________________________________________

Contact Person: ____________________________________________ Contact Person’s Phone: __________ Fax: ____________________

Name of Activity: ____________________________________________ No. of Participants: __________
Age of Participants: ____________________________________________ Description of Activity: (be specific)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Dates and Times: _______________________________________________________________________

Is travel involved? Yes  No  (If yes, please describe including any overnight activity) _______________________________________________________________________

If travel involved, what mode of transportation? Bus  GSU Van  Rented Vehicle

Describe supervision and number of adults supervising: _______________________________________________________________________

Residential? Yes  No  (If yes, please give destination) _______________________________________________________________________

Rate Quoted __________________________ Effective Date: __________________________
Term Date: __________________________

Signature: _______________________________________________________________________