



International Travel Insurance Group
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Travel Medical Group Quote Request

Administrative Information

Organization / Group Name:	
Address:	
City, State, Postal Code:	
Contact:	Title:
Phone:	Fax:
Nature of Group:	

Coverage Information

Country (ies) to be visited:			
Purpose of trip and/or coverage:			
Will coverage be worldwide? (ie. coverage in home country) <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:			
Period of coverage: From:		To:	
Average length of stay per participant:			
Number of Participants:	Singles:	Single + 1:	Families:
Is coverage mandatory for all participants? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily (Note: All premium must be submitted in advance, prior to group departure, unless billing arrangements have been made with SRI.)			

Please provide any other details that would be helpful regarding the group or the coverage you are seeking to secure a quote for. If you have special needs or would like coverage for unique activities, include them with this quote request.

Benefit Options (Indicate your desired coverage amounts and benefits)

Medical Benefit Limit Options: \$10,000 \$15,000 \$25,000 \$50,000 \$100,000
Select Only Two (2) Options \$250,000 \$500,000 \$1,000,000
Per Person Per Coverage Period

Deductible Options: \$0 \$50 \$100 \$250 \$500 \$1000 \$2500
Select Only Two (2) Options Per Policy Period Deductible or Per Incident Deductible

Coinsurance Options: 80/20% of the next \$5,000
Select Only One (1) Option 100% after the Deductible

Emergency Evacuation Options: None \$25,000 \$50,000 \$100,000

Repatriation of Mortal Remains: None \$10,000 \$20,000

AD&D Principal Sum Options: None \$5,000 \$10,000 \$15,000 \$20,000
Select Only Two (2) Options \$25,000 \$50,000

Additional Options: Hazardous Sports Coverage
 Home Country Coverage (# of Home Country Days not to Exceed 90 days per 12 months of Coverage)

Additional Benefits or Coverage Desired

We offer a wide range of benefit and plan options for the group and the sponsoring organization. If you have special needs or would like us to include specific benefits, please let us know.

Group Demographic Information

Please provide an overview of the group to be insured. In general, we need age and citizenship of the individuals to be covered. If you have a census or excel spreadsheet with this information, that would be great. Otherwise, please do your best to provide an overview of the group and the participants in the plan. Once we get accurate data, we can formalize the pricing.

Complete and return this form to:
Email: info@internationalinsurance.com
Fax: 1-617-812-8280

<http://www.internationalinsurance.com/groups/>