



**Passport To Ministry<sup>®</sup>** Trip Report Form for **Scottsdale Bible Church – Scottsdale, AZ**  
**Policy Number 02PLA342155**

**Instructions**

1. Complete this form at least two weeks before each foreign trip and return to Outreach Project Coordinator.
2. Finance office will fax it to 1-800-901-8427, attention *Passport to Ministry* and mail the completed form and total premium due (*checks made payable to Brotherhood Mutual*) to: *Passport to Ministry*, Brotherhood Mutual Insurance Company, PO Box 2227, Fort Wayne, IN 46801-2227
3. Team Accounts will be charged the insurance amount after our offices receive an invoice from Brotherhood Mutual.

**Trip Schedule Information**

Trip purpose (*check all that apply*):

\* **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.*

- |   |  |                                    |
|---|--|------------------------------------|
| <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 *      |  |                                    |

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 and address:

\_\_\_\_\_

\_\_\_\_\_

Name of team leader: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address where team leader kit should be sent: \_\_\_\_\_

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 4/5-4/10; 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.  
**Policy Administrative Fee** - \$15 mandatory fee must accompany any new policy or renewal application.  
**Overnight Mailing Fee** – Your travel kit will be emailed to you. Be sure you have provided an email address. 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
X Option 1	\$100,000	\$5.00	X	X	=
<b>Total Due</b> (Entire payment is due prior to trip departure.)					

**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.

