

# Passport to Ministry® Application | OPTION 1

## Instructions

What type of trip outside the U.S. do you wish to insure?

- Short-term trips (less than 120 days)
- Extended operations (a continuous period of 120 days or more)
- Short-term and Extended operations
- Additional trips (adding trips to your existing policy)

Complete sections: 1, 2, 3  
Complete sections: 1, 4  
Complete sections: 1, 2, 3, 4  
Complete sections: 2, 3

## Section 1: Policy Application

### Organization Information

Ministry/organization name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Denomination or association affiliation: \_\_\_\_\_

Describe losses (accidents, injuries, theft, etc.) your travelers experienced in a foreign country in the last 5 years:  
\_\_\_\_\_

If a new customer, how did you hear about us?  Magazine advertising  Convention  Internet  Mailing  
 Referred by a friend  Agent contact  Current Brotherhood Mutual customer  Other

### Key Contact

Please provide contact information for the person who'll be receiving the policy, supplies, and future correspondence:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: (if different than above) \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

E-mail: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Group Information

Is your organization part of a *Passport to Ministry*® group program established by your denomination?  Yes  No

If yes, group sponsor's name: \_\_\_\_\_

Group account number: (if known) \_\_\_\_\_

### Additional Insured

Is there another organization co-sponsoring this trip with you?  Yes  No

If yes, would you like to add the organization as an additional insured to this policy?  Yes  No

If yes, what is its relationship to your organization? \_\_\_\_\_

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

### 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):**

## Section 2: Trip Schedule

Trip purpose (check all that apply):

- Major building project      Painting/clean up      Trip/tour      Vacation Bible school  
 Evangelism      Outreach      Medical mission\*  
 Adventure sports, please specify: \_\_\_\_\_  
 Other \_\_\_\_\_

\*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 4/5-4/10; Sally Johnson 5/8-5/12)

### Trip Premium Calculation Instructions

- Medical Limit:** All travelers on this trip must be covered by this policy, and the same medical limit 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 fee.
- Overnight Mailing Fee:** Your travel kit will be emailed to you. Be sure you have provided an e-mail address either on page 1 or page 3 of this application. If we need to overnight your materials, a \$20 overnight mailing fee will apply.

### Premium Calculator

Medical Limits Accident or Sickness (Choose one)	Cost per Day per Traveler	No. of Travelers	No. of Travel Days (Include departure day and return day)	Premium Amount
<input type="checkbox"/> \$100,000	\$7.50	<b>X</b>	<b>X</b>	<b>=</b>
<input type="checkbox"/> \$50,000	\$5.00			
<input type="checkbox"/> \$25,000	\$3.75			
<input type="checkbox"/> \$10,000	\$2.50			
<b>Trip Premium</b> (If amount equals less than the minimum premium requirement, use the required \$450 minimum premium.)				
<b>\$15 Policy Administrative Fee</b> (Only payable if this is a new policy or a renewal policy.)				
<b>Total Due</b> (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<sup>®</sup>, 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.



## Section 4: Extended Operations

Complete this section to obtain a quote for Extended Operations coverage. The minimum annual premium is \$2,000. After reviewing this section, we will calculate your premium and provide you with a proposal.

### Payroll

Number of foreign missionaries/employees on the payroll of the organization: \_\_\_\_\_

Annual payroll: \_\_\_\_\_

### Trip Information

Estimated number of calendar days each missionary/employee is outside the United States: \_\_\_\_\_

List all foreign country destinations: \_\_\_\_\_

\_\_\_\_\_

### Spouses & Children

Is coverage being requested for any spouse or child **not** on the payroll of the organization?  Yes  No

If yes, list each by first name, relationship to the missionary, and approximate age (if under 18):

\_\_\_\_\_

\_\_\_\_\_

### Vehicles

Number of owned vehicles: \_\_\_\_\_

Garage location(s) of vehicle(s): \_\_\_\_\_

### Short-Term Trips

In addition to ongoing foreign operations, will your organization be taking U.S. based teams on short-term mission trips during the next 12 months?  Yes  No

If yes, please complete the questions below:

Estimated number of trips: \_\_\_\_\_

Trip destination:

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

Purpose for the trip:

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

Estimated number of travelers for each trip:

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

Estimated number of travel days for each trip:

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_