

# G1G's Travel Medical Group Quote Request

All Specialty Risk International, Inc. international group programs require a minimum of 5 primary insureds and a \$1000 minimum deposit premium. Group programs may be modified to suit the group's needs. If you are in need of benefits and/or provisions that are not specifically addressed on this form, contact G1G for assistance in obtaining those benefits and/or provisions.

Additionally, if your group currently has international medical coverage through another carrier or has been covered for international benefits at some time in the past 12 months, please provide the name of the carrier, claims and premium experience for the coverage periods, current census, premiums and benefit plan.

Please Print or Type

## Part A: Administrative Information

Group Name:	
Address:	
City:	State/Province:
Postal Code:	Country:
Contact:	Title:
Phone:	Fax:
Nature of Group:	

## Part B: Coverage Information

Country (ies) to be visited:			
Purpose of trip and/or coverage:			
Will coverage be worldwide? (i.e. 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:			
Average Age of Participants:			
Number of Trips per Year:			
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 G1G.)			

