



2010 Travelex 360 AP Travel Medical Census

Agent number
06-0037

ID cards will be sent to the team leader at the address listed under contact name.

Group Name: _____ Contact Name: _____
 Address: _____ Telephone: _____
 _____ Email Address: _____
 City: _____ State: _____ Zip: _____ Fax Number _____
 Destination _____ 0-15 day trip \$30 per person 15-30 day trip \$40 per

Method of Delivery
 (Please check one)
 Email
 Regular Mail

*minimum 6 persons to be eligible for group rates

Name	Date of Birth	Age	Beneficiary (not mandatory)	Departure Date	Return Date	# of days	Cost per person
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

*Please list additional team on separate sheet of paper.

Total \$ _____

Method of payment: ___ VISA ___ MasterCard ___ AMEX ___
 Credit Card Number: _____ Expiration Date _____ 3 digit code _____
 Signature: _____ Print Name: _____
 If paying by credit card, I authorize ICI to bill my credit card for the total charge specified in the "total Premium" box.



PLEASE SUBMIT ROSTERS 16 DAYS PRIOR TO DEPARTURE DATE TO RECEIVE INDIVIDUAL ID CARDS. (If submitted after only group ID card will be available.)

Insurance Consultants International
 P.O. Box 510
 Palmer Lake, CO 80133
 Toll Free: **1-800-576-2674**
 Fax: **1-603-843-6662**



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Name	Date of Birth	Age	Beneficiary	Departure Date	Return Date	# of days	Cost per person
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							



Insurance Consultants International

"Serving Those Who Serve HIM"

Mission Trip Information Sheet

Please fill and attach with the census and request to bind coverage.

Contact Name: _____

Mission Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax #: _____

Email Address: _____

Number of mission trips you take each year? _____

Average Age of Missionaries? _____ Average Number per trip? _____

Thank you for sharing this information with us. We look forward to serving the insurance needs of your mission group. If there is anything we can do to make your life easier please let us know, for we are here to...

"Serve Those Who Serve HIM"

Please fax this or mail to:

Insurance Consultants International

P.O. Box 510

Palmer Lake, CO 80133

Fax: 603-843-6662