



## NCAJA 2011 TRAVEL INSURANCE APPLICATION

### Applicant Information

Last Name:	First Name:	Middle Name:
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

### Employment Information

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

### Emergency Contact

Name :	Relationship:	Phone:
Address:		
City:	State:	ZIP Code:

### Person who will benefit from Travel Insurance

Name:		
Address:		Phone:

### Insurance Plan

Class I		Class II	
Accidental Death & Dismemberment	\$50,000.00	Accidental Death & Dismemberment	\$25,000.00
Emergency Medical Evacuation	\$50,000.00	Emergency Medical Evacuation	\$25,000.00
Worldwide Assistance Service	Yes	Worldwide Assistance Service	YES
Aggregate Limitation	\$250,000.00	Aggregate Limitation	125,000.00
Exclusions	Standard	Exclusions	Standard
Policy Period	One Year	Policy Period	One Year
Annual Premium Per Person	\$24	Annual Premium Per Person	\$24
	\$		\$
Total Premium For 1/1/11~12/31/2011	\$24	Total Premium For 1/1/11~12/31/2011	\$24

<input type="checkbox"/> I Wish to choose Class I	<input type="checkbox"/> I wish to choose Class II
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For more information regarding the NCAJA Travel Insurance Policy, Please refer to our web site at [www.NCAJA.com](http://www.NCAJA.com)

Tel: (212) 481-0238 Fax: (212) 481-1045

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:	Date:
Signature of co-applicant:	Date: