



**Philadelphia Insurance Company Application for  
Foreign Travel Coverage for Churches and Schools**

Name of Prospect: \_\_\_\_\_

Address of Prospect: \_\_\_\_\_

Contact name at Prospect: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

1. Are there any permanent locations or operations overseas? Yes \_\_\_ No \_\_\_
2. Are there any employees working or traveling overseas for 30 days or more? Yes \_\_\_ No \_\_\_
3. Have there been any prior claims resulting from overseas accidents or injuries? Yes \_\_\_ No \_\_\_  
If there have been prior claims, please provide a brief description \_\_\_\_\_
4. Are there more than 4 employees together on any one flight? Yes \_\_\_ No \_\_\_  
If more than 4, please advise number of employees and number of flights: \_\_\_\_\_
5. Describe the purpose of the overseas trips: \_\_\_\_\_
6. Is coverage provided for Abuse and Molestation on your US policy? Yes \_\_\_ No \_\_\_
7. Is insurance coverage currently in place for foreign exposures? Yes \_\_\_ No \_\_\_  
If Yes, please advise name of insurance carrier: \_\_\_\_\_

**Complete the section below for each trip expected during the annual policy period (attach spreadsheet if additional space is needed):**

Trip	Church or School?	Total # of Employees Traveling	Total # of Students Traveling	Total # of Volunteers (non-employees)	Country of Destination	Duration of Trip (# of Days)
1						
2						
3						
4						

**Notice:** This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Broker Signature & Date\_\_\_\_\_

Insured Signature & Date\_\_\_\_\_

Minimum premium is \$2500. This application is only for churches and schools. To obtain a premium indication, please email this completed application to: VFIBSales@phly.com

**VALLEY FORGE BROKERAGE CONTACT INFORMATION:**

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