International Group Insurance
Census Form

Name of Group:_____

Destination of Group:_____

Proposed Length of Trip:_____

Maximum Policy Amount (circle one): $50,000 $100,000 $250,000 $500,000

Deductible Options (circle one): $100 $250 $500 $1,000 $2,500

Broker: International Insurance-Seguros ID: _____ Tel: 1-888-269 9762
or USA Tel: 480-345-0191

NAME	DOB	CITIZENSHIP	DATE DEPART	DATE RETURN	PASSPORT #