

INSURANCE LIST REPORT

1. ORGANIZATION NAME Assembly of God U.S. Missions (MAPS Construction)	POLICY NUMBER
2. SPECIFIC GROUP Name _____	ACT. # _____ IMPORTANT Premium will be calculated for everyone listed for the dates shown above (unless individual dates are indicated by the name.) Include travel dates
Address _____ City _____ State _____ Zip _____	
3. DATES OF TRIP _____ 20__ to _____ 20__ Total No. of Days _____	
5. DESTINATION _____	
6. REPORT PREPARED BY NAME (please print) _____ Signature _____	
Position _____ Telephone Number (____) _____ Date _____	

Insurance is \$2.60 per person/per day

NAME	FEE	NAME	FEE
1.		21.	
2.		22.	
3.		23.	
4.		24.	
5.		25.	
6.		26.	
7.		27.	
8.		28.	
9.		29.	
10.		30.	
11.		31.	
12.		32.	
13.		33.	
14.		34.	
15.		35.	
16.		36.	
17.		37.	
18.		38.	
19.		39.	
20.		40.	

Page No. _____ Total No. of Insured _____ Amount Enclosed _____

IMPORTANT! READ INSTRUCTIONS CAREFULLY

***This form along with the premium, must be returned to the MAPS office 2 weeks prior to your trip. Please keep a photocopy for your records.*