



travel protection *plus*

APPLICATION

Group Travel Insurance for Global Missions

SPONSORING ORGANIZATION INFORMATION			
CHURCH/CHARITY NAME:			
CHURCH PROTECTION PLUS POLICY NO.: CPP _____	PHONE NO.:	EMAIL ADDRESS:	
DATE OF DEPARTURE:		DATE OF RETURN:	
DESTINATION - (Please provide full itinerary including cities, provinces, states or region of travel within each country):		PURPOSE OF TRIP - (Please provide complete list of activities):	
NAME OF TRAVELLER	Date of birth	Age	Do you travel more than once each year for/with your organization? (yes or no)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			