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:______________________________**Tel:**_____________________________

NAME	DOB	CITIZENSHIP	DATE DEPART	DATE RETURN	PASSPORT #