

Option #	1			2			3			4			5		
	Maximum Limit	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily
18-29	\$50,000	27.00	0.90	\$100,000	32.00	1.05	\$250,000	35.00	1.20	\$500,000	37.00	1.25	\$1,000,000	41.00	1.40
30-39		32.00	1.05		37.00	1.25		45.00	1.50		49.00	1.60		55.00	1.80
40-49		52.00	1.70		58.00	1.90		62.00	2.10		65.00	2.20		71.00	2.30
50-59		85.00	2.80		97.00	3.20		104.00	3.40		108.00	3.60		114.00	3.80
60-64		109.00	3.60		128.00	4.20		137.00	4.50		143.00	4.80		170.00	5.70
65-69		126.00	4.10		139.00	4.60		148.00	4.90		153.00	5.00		178.00	6.00
70-79		198.00	6.60		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A
80+*		450.00	14.90		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A
Dep. Child		15.00	0.50		20.00	0.65		22.00	0.80		23.00	0.80		24.00	0.85
Child Alone		27.00	0.90		32.00	1.05		33.00	1.10		35.00	1.20		39.00	1.30

Alias Group America – For Non-US citizens traveling to the US

Option #	6			7			8			9			10		
	Maximum Limit	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily
18-29	\$50,000	38.00	1.25	\$100,000	44.00	1.50	\$250,000	55.00	1.80	\$500,000	57.00	1.90	\$1,000,000	67.00	2.20
30-39		49.00	1.60		59.00	1.95		72.00	2.40		75.00	2.50		86.00	2.85
40-49		75.00	2.50		85.00	2.80		106.00	3.50		112.00	3.75		126.00	4.20
50-59		107.00	3.55		131.00	4.40		156.00	5.20		160.00	5.30		184.00	6.10
60-64		141.00	4.70		193.00	6.40		206.00	6.80		207.00	6.90		230.00	7.70
65-69		179.00	6.00		223.00	7.40		249.00	8.30		250.00	8.40		270.00	9.00
70-79		227.00	7.60		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A
80+*		450.00	14.90		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A
Dep. Child		22.00	0.70		24.00	0.85		29.00	1.00		30.00	1.00		34.00	1.15
Child Alone		35.00	1.20		40.00	1.35		47.00	1.60		49.00	1.60		58.00	1.95

*\$10,000 Maximum Limit

Deductible Factor Table		Hazardous Sports Rider Factor: 1.20	
Deductible:	Factor:		
\$0	1.25		
\$100	1.1		
\$250	1.0		
\$500	0.9		
\$1,000	0.8		
\$2,500	0.7		

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to MultiNational Underwriters® to receive a refund of premium. To be eligible for a full refund, the request for cancellation must be received prior to your effective date. Cancellation requests received after the effective date will be subject to the following conditions:

- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for cancellation.

SAMPLE COMPLETION OF APPLICATION									
Names of all individuals to be covered.									
Name (Last, First)	Birth Date	Effective Date	# of Months	Monthly Premium	Monthly Special (A x B)	# of Days	Daily Rate	Daily Special (D x E)	Total (C + F)
1. Page, Jack	12/20/75	10/01/06	1	32.00	32.00	2	1.05	2.10	34.10
2. Smith, Joe	01/20/64	10/15/06	2	52.00	104	5	1.70	8.50	112.50
3. Grotori, Jeff	08/04/73	10/13/06	1	32.00	32.00	3	1.05	3.15	35.15
4. Agave, Andree	05/10/60	10/01/06	1	52.00	52.00	0	0	0	52.00
5. Ming, Leif	02/13/79	10/20/06	3	27.00	81.00	6	0.90	5.40	86.40

Group Subtotal – Total from above and from additional census (if any) (G): 320.15
 Enter Deductible Factor from Deductible Factor Table (H): 1.1
 Enter Factor for Hazardous Sports Rider, if Selected (1.2). Otherwise Enter 1.0 (J): 1.2
 Total Amount Due (G x H x J): 422.60

ATLAS GROUP APPLICATION
MultiNational Underwriters®
Lloyd's Coverholder

Print all Names as you would like them to appear on your Identification Cards.
 Please print clearly and provide complete information.

Name of Sponsoring Organization:		Contact Name:
COMPLETE Mailing Address for all correspondence:		
Telephone #:	Fax #:	E-mail Address:
Destination:		Purpose of Trip:

Names of all individuals to be covered.	Deductible: \$			Maximum Benefit: \$					
Name (Last, First) ----- Citizenship	Birth Date mm/dd/yy	Effective Date mm/dd/yy	# of Months A	Monthly Premium B	Monthly Subtotal (A x B) C	# of Days D	Daily Rate E	Daily Subtotal (D x E) F	Total C + F
1. -----	/ /	/ /							
2. -----	/ /	/ /							
3. -----	/ /	/ /							
4. -----	/ /	/ /							
5. -----	/ /	/ /							

Group Subtotal – Total from above and from additional census (if any) (G): _____

Enter Deductible Factor from Deductible Factor Table (H): _____

Enter Factor for Hazardous Sports Rider, if Selected (1.2). Otherwise Enter 1.0 (J) _____

Total Amount Due (G x H x J): _____

Payment Mode: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	Credit Card #:	Expiration Date (mm/yy):
Name as it appears on card:	COMPLETE Billing Address:	
Daytime Phone #:	Signature:	
Check or Money Orders should be made payable, in US dollars, to MultiNational Underwriters®. If paying by credit card, I authorize MultiNational Underwriters® to debit my Discover, VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of Application or prior to the Effective Date of Coverage.		

The Sponsoring Organization (Sponsor), on behalf of and as authorized agent and proxy for each of the group participants listed on the Application, hereby applies for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided to members by Lloyd's. The Sponsor and all group participants understand that the insurance applied for is not a general health insurance policy, but is intended for use by members in the event of a sudden and unexpected event while traveling outside their Home Country(ies). The Sponsor and all group participants understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. The Sponsor and all group participants understand that coverage under this insurance is not renewable and successive periods of insurance will require re-satisfaction of the Deductible, Coinsurance, Pre-existing Condition provision, and all other conditions of the insurance following acceptance of a new Application. The Sponsor and all group participants understand that the information contained herein is a summary of the Master Policy and that they may obtain a complete copy of the Master Policy upon request to MultiNational Underwriters®. The Sponsor and all group participants understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. The Sponsor and all group participants understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. The Sponsor and all group participants understand and agree that the insurance agent/broker, if any, assisting with this Application is their representative. If signed by a representative of the Sponsor, the undersigned warrants his/her capacity to so act. If signed as Sponsor, the undersigned warrants his/her authority to so act. By acceptance of coverage and/or submission of any claim for benefits, the each group participant ratifies the authority of the signer to so act and bind the group participant.

Signature of Sponsor:	Date of Signature:
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FOR PRODUCER USE ONLY

Producer ID Number: 22998	Producer Name: Matt Girden
Company Name: Go Mission Trip, LLC	
Street Address: 651 Sunset Dr.	
City: Naperville	State: IL
Country:	Postal Code: 60540
Telephone: 888-811-4626	Fax: 309-296-0600
Signature:	E-Mail Address: matt@gomissiontrip.com

Name (Last, First) Citizenship	Birth Date mm/dd/yy	Effective Date mm/dd/yy	# of Months A	Monthly Premium B	Monthly Subtotal (A x B) C	# of Days D	Daily Rate E	Daily Subtotal (D x E) F	Total C + F
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Subtotal: _____