

GLOBAL BENEFITS

INTERNATIONAL INSURANCE FOR EXPATS,
TRAVELERS & ORGANIZATIONS

Company Information

Employer Name:		FEIN #:	
Nature of Business:			
Address:			
City:		State:	Zip:
Contact Name:		E-Mail:	
Phone number:	Website:		

Broker/Agency Information

Agency Name:			
Licensed Agent Name:		License #:	
Agent Email:		Agent Phone Number:	
Address:			
City:		State:	Zip:
Website:		Fax number:	
Additional Info:			

Current Coverage

(If Applicable)

Domestic Carrier:
International Carrier:

Coverages Requested

Date request submitted:	Date quote needed:	Effective date requested:
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Medical Maximum:	\$100,000	\$200,000	\$300,000	Other:
Deductible:	Coinsurance:	Coverage Type:	Accident Only	Accident or Sickness
Spouse & Dependent Coverage		Sojourn Coverage	Emergency Medical Evacuation	
Political, Security and Natural Disaster		War Zone	Kidnap & Ransom	
24-Hour Coverage		Pre-existing Medical Conditions Covered?	Yes	
Coverage Classes:	Full-Time EE's	Contractors	Board Members	
Other Classes:				

Additional Requests:

Travel Data Request

Company Demographic Information

Total Number of Employees:	Total Number of Traveling Employees:	
Number of U.S. Based Employees Traveling Abroad:	Number of Non-U.S. Based Employees Traveling Internationally:	
Does the Company have locations outside of the United States?	Yes	No
If "Yes" please list the Cities / Countries of non-USA locations:		

Destination Information

Please list top destinations for travel outside the United States:	

	U.S. Employees traveling to non-U.S. Destinations	Non-U.S. Employees traveling to non-U.S. Destinations (outside their home country)	Non-U.S. Employees traveling to U.S. Destinations
Number of Travelers: (A)			
Estimated Number of Trips per Traveler: (B)			
Average Duration of Each Trip: (C)			
Estimated Total Travel Days: (AxBxC)			

Current International Insurance Details (if applicable):

Do you currently offer coverage to your international travelers?	If yes, with whom?
Please provide a description of the current plan design or a copy of the certificate.	
Please provide past claims experience.	
Additional Information	

Please fax or e-mail completed Request for Proposal, Including Travel Data Request to:
james@gbusa.org or Fax at 877.662.7273