

Trip Cancellation & Interruption

1. Complete this form.
2. If paying by check, please make payable to GCIIS.
3. Mail or fax completed form to:
 Gallagher Charitable International Insurance Services
 PO Box 5845 • Columbia, SC 29250-5845
 Fax: 803-252-1988

Office Use Only

Approved GCIIS Staff: _____

Confirmation Number: _____

Date: _____

4. Once GCIIS has reviewed and approved this form, we will email it back to you with a confirmation number.

[] *By checking the box to the left and submitting this form, you are agreeing to participate in the International Helpers (Guernsey) Trust. As a declared member of the Trust, you have the benefits of Trip Cancellation & Interruption cover per Policy Number PUSNA 1000947 issued to the Trust.*

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Trip Depart Date: _____ Trip Return Date: _____

Destination Country: _____

TRAVELERS

If there are more than five travelers, please attach a separate sheet with their names, dates of birth, and Trip Costs (optional). The cost is \$5.20 per person / per day.

(Optional)

1) Name: _____ Date of Birth: _____ Trip Cost: \$ _____

2) Name: _____ Date of Birth: _____ Trip Cost: \$ _____

3) Name: _____ Date of Birth: _____ Trip Cost: \$ _____

4) Name: _____ Date of Birth: _____ Trip Cost: \$ _____

5) Name: _____ Date of Birth: _____ Trip Cost: \$ _____

FEE CALCULATION

(Please include the departure and return date when computing travel days)

$$\frac{\text{Number of travelers}}{\text{Number of travelers}} \times \frac{\text{Number of travel days}}{\text{Number of travel days}} \times \frac{\$5.20}{\text{Fee per person / per day}} = \frac{\text{Total Fee}}{\text{Total Fee}}$$

PAYMENT INFORMATION

- Payment Method: [] I will send a check with this form to the mailing address above.
 [] I will pay by credit card. *(Please note that credit card payments incur a 3% handling fee.)*

To pay by credit card:

1. Wait until you receive a confirmation email from GCIIS.
2. Go to our Online Payments page: https://www.aaintl.com/form_payments.cfm.
3. Complete the applicable fields on the Online Payments page.
 - For Policy Type, select "Trip Cancellation".
 - For Policy Number, enter "Trip Cancellation".
 - For Invoice or Enrollment Number, enter the Confirmation number given to you on the email confirmation you receive from us.



Phone: 800-922-8438 • Email: aai@ajg.com