

Special Markets Insurance Consultants, Inc. Assemblies of God Blanket Yearlong

Policyholder Name: YL- Policy No: _____
 Rate per Member per Day: Adventure Sports Rate: _____ Snow Sports Rate: _____ Work Activities Rate: _____

- Please note that the **Adventure Sports**, **Snow Sports** and **Work Activities** rates are in addition to the base rate. These are additional coverages and are calculated **Per Person Per Calendar Day**.

Staff Covered: YES / NO

This report should be completed for any activities that include Adventure Sports, Snow Sports or Work Activities.
 The completed report and premium must then be submitted to:

Special Markets Insurance Consultants
Attn: Renewal Department
2615 Post Road
Stevens Point, WI 54481

The rate is computed for each calendar day. Example shown below in last row. (1) x (2) x (3) = (4)

Description of Activity	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
<i>Example: Youth Camp</i>	<i>08/02/04</i>	<i>08/06/04</i>	<i>5</i>	<i>25</i>	<i>\$0.25</i>	<i>\$31.25</i>
Totals						
Adventure Sports	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Snow Sports	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
Work Activities	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Totals						
GRAND TOTALS						

Additional payment enclosed: \$ _____

Remarks: _____

I hereby certify that the above report is true and correct.

_____ Date

Authorized Signature

Street Address City State Zip Code Phone Number