



Kulin-Sohn Insurance Agency, Inc.
P.O. Box 1357, Arlington Heights, IL 60006-1357
Phone: (800) 640-6601 Fax: (847) 991-4351
Email applications to: Gmnst33@aol.com
Website: <http://www.gymnasticsinsurance.com/>

Travel and/or Field Trips Supplement

Kulin-Sohn Agent #: _____

Business Name: _____

Submission or policy number: _____

1. Number of trips sponsored each year: _____
2. Are all trips within the United States, U.S. Territories, and/or Canada? Yes No
3. Do any trips last more than one day? Yes No
4. What is the chaperone to student ratio? _____ to _____
5. Do all parents/legal guardians receive detailed information about the trip (place, transportation, supervision, time, objectives, necessary provisions, and instructions) prior to departing? Yes No
6. Is there a formal policy regarding emergencies on all trips? Yes No
7. Are signed waivers kept on file for each student/participant for each trip? Yes No

NOTE: Your policy does not provide non-owned or hired auto coverage. Anyone driving on your behalf is not and will not be covered by this policy.

NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: _____ Date: _____

Agent's signature: _____ Date: _____

(Florida only) Agent license number: _____