



Adventures in Photography
Application for Travel Accident Coverage

Enrollment Instructions

- Complete the **Participant Contact Information** section using the spaces provided
- Select the Family or Individual coverage
- Email the completed form to AIP@AJG.COM for a quote.

Participant Contact Information:

Name: _____

Home Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

COVERAGE IS NOT AVAILABLE IN AK, HI, MA AND VT

SECTION A:

INDIVIDUAL COVERAGE

FAMILY COVERAGE

List the Name and Date of Birth of all Family Members

Coverage includes Enhanced Passport 360 and Trip Cancellation Protection. Please see Chubb's brochure for more detail.