



Travel Smart. Travel Insurance.

Annual Business Travel Insurance
FAX TO: 1-402-343-9959

Enrollee's Name (first, MI, Last) _____

Address: _____

City, State, Zip Code: _____

(not available in Washington, New York, or Oregon)

Phone Number: _____ Date of Birth: ____/____/____

Email Address: _____

Beneficiary: _____

Beneficiary Relationship: _____

PLEASE ENROLL ME IN THE FOLLOWING ANNUAL PLAN

BUSINESS TRAVEL GUARD – STANDARD

\$259

Please make coverage effective on: ____/____/____
MM DD YYYY

PAYMENT BY CREDIT CARD

American Express

Discover Card

VISA

MasterCard

Card Number: _____ Exp. Date ____/____ CVV#: _____
MM YYYY

Name on Card: _____

Signature: _____

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Policy will be delivered via email