How to purchase Event Insurance:

- 1. Go to adventistrisk.org
- 2. Under Insurance Tab, select Activities Accident-US ONLY



3. You must log in to Purchase the policy. If you do not have an account, you can Register by clicking the BLUE button.



4. Once you click Log-in, the following screen will appear. Click "Continue to Purchase".

6) Here		Contail Us R. My Annual *	C USA - Englan -
A STATE OF THE STA	Continue to Purchase	× ament initiat	TIMES FILE YOUR CLAIM
ACTIVITIES A	CCIDENT - US ONL	Y	

5. A new window will open with a digital application, follow the instructions under each tab. Make sure you provide the contact information for a person that will be attending the event. Use the "View List" button to select your church. If your church is not listed, select NAD, Southern Union, Gulf States Conference. Once all sections are complete, click NEXT.

Activities Accident (US Only)	
1 Contact Information 2 Participant Travel Dat	s/Destination 3 Totals & 4 Submit Payment Confirmation Print Policy/ID Cards
Contact Information	
<u>Entry Tips</u>	
Division / Union / Conference Affiliation	View List OR Southern Union Conference (NAD) > Gulf States Conference *
Sponsoring Organization (Church, nstitution, etc.)	Sample SDA Church
Contact Name	Event Leader
Contact Surname	×
Address	123 Simple Street Montgomery, AL 36117
E-Mail	eventleader@gmail.com
Telephone Number	123-456-7891
Description of Activity	Southern Union Pathfinder Camporee
Please select the type of trip this will be	Church Sponsored Trip 🗸

O Next O Delete

6. Before you complete the following page, make sure you have a list typed out in Word or Excel with the names of EVERYONE attending. Include the cooks, chofers, staff kids etc... You will upload this file to attach to the application.

a) Select <u>GROUP</u> b) Attach File c) Follow the example with your specific information.

○ Participants ○ Group

• A Word, Excel, or PDF document containing a numbered list with each participant's name must be uploaded before a group can be added to cart.

Applications containing multiple groups may have one document containing all participant names or may have names split over several documents.
 Once this application has been submitted or paid, it can be edited until the day before the travel begins or the end of this month, whichever occurs first.

• If the change to the application is only to change names on the document (not to change how many participants are traveling or dates of travel), the document may be changed up to the day prior to the trip.

· Documents can be changed by deleting the old document and uploading a new or revised document.

Α	d	d	D	o	С	u	m	e	n	ts	
_											

Choose File No file chosen Attach Document	
Documents Already Uploaded	
Pathfinder and Staff List.docx 💥	
Add Group	
Add Group	
Enter the name of the Group to be covered by this policy	
Group Name Member Count Email Begins Ends Email ID Em Card(s) Cer	ail tificate(s)
Sample Pathfinder C 35 eventleader@gr 10/12/2022 10/16/2022	
Add More Groups	
Location of Event	
City High Springs	
State / Region / Province Florida	
Country United States -	
Policy Details - Miscellaneous Trips & Short Term Activities - Click for Details	
Volunteer Labor	
O Yes 🖲 No Volunteer Labor ? Prod	ict Summary.
Add To Cart Cancel	
Participants Already Added	
Delete Edit Group Name Member Count Coverage Policy Type	Amount

O Previous O Save For Later O Delete

O NEXT

7. Once you input all the information, after the Volunteer Labor section click Add to Cart

8. It will calculate and give you the amount to be paid for the policy. Click **NEXT** to make the payment

Activities	Accident (U	S Only)						
1 Contac Informa	t ation	2 Participants/Destination Travel Dates/Products	3	Totals & Authorization	4	Submit Payment	>>>	Confirmation Print Policy/ID Cards
○ Participants	 Group 							
A Word, Exce	l, or PDF documer	nt containing a numbered lis	st with	each participant	s name mus	t be uploaded b	pefore a group	p can be added to cart.

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document may be changed up to the day prior to the trip.

Documents can be changed by deleting the old document and uploading a new or revised document.

Add Documents

Add Group

Particip	ants Alr	eady Added				
Delete	Edit	Group Name	Member Count	Coverage	Policy Type	Amount
Delete	<u>Edit</u>	Sample Pathfinder Club	35	10/12/2022 - 10/16/2022	MAP_AA	\$71.75

NEXT		
Previous	Save For Later	Delete

9. Payment Confirmation Screen

Total (USD)		
Misc. Trips & Short Term Activities Amount	\$ 71.75	
Sub Total	\$ 71.75	
Total	\$ 71.75	
REFUND POLICY AND BUSINESS RULES		
ACTIVITIES ACCIDENT (US Only)		
Activities Accident (US Only) are subject to a \$25.00 minimu permitted for participants who fail to attend the activity.	n premium Refund - Premium is fully refundable for cancellation of activity. Re	funds are not
Questions about these products - contact Adventist Risk Ma	nagement at sttservice@adventistrisk.org	
Signature		
Type Name of Contact Team Leader		
Tible (Group Leader, Treasurer, etc.) Pathfinder Director		
berefy declare that I have read and reviewed the foreast	ino terms conditions disclaimers fee schedules and premium rates an	hundarstand
and agree to them. If during the trip I find that coverage I	reeds to be extended I must apply for an extension. Coverage terminates	on the
originally specified end date of my application. Initial to	ndicate that you understand this: TL	
O Proceed To Payment		
O Previous O Save For Later O Delete	O Print Application	

10. Proceed to Payment – follow instructions on Payeezy. Please save and print the ID Cards and Insurance Certificates.

ent (US Only)				
2 Participants/Destination Travel Dates/Products	3 Totals & Authorization	4 Submit Payment	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	
1.75				
ayment processing provider has b	been changed from Pa	yPai to Payeezy.		
		i i i i i i i i i i i i i i i i i i i		
way				Entry Tip
E READ				
rage for a particular loss may be d tee of premium does not bind cove et eligibility requirements before c	enied if the insurance erage. In addition to f overage is bound.	product under which cover all payment of premium and	age is sought is purchased any other applicable transa	after the ction fees,
	2 Participants Destination Travel Dates Products	2 Participantis/Destination 3 Totals & Travel Dates/Products 3 Authorization	2 Participantis/Destination 3 Totals & 4 Submit Travel Dates/Products 3 Authorization 4 Payment 1.75 ayment processing provider has been changed from PayPal to Payeezy.	2 Participantis/Destination 3 Totals & Authorization 4 Submit Provide No. Confirmation Prior Policy/D Cards 1.75 ayment processing provider has been changed from PayPal to Payeezy. E READ FREEAD FR

The process is complete. Please provide a copy of the policy to someone that will not be at the event in the case of an incident. You can find one at the Quick Start Menu

