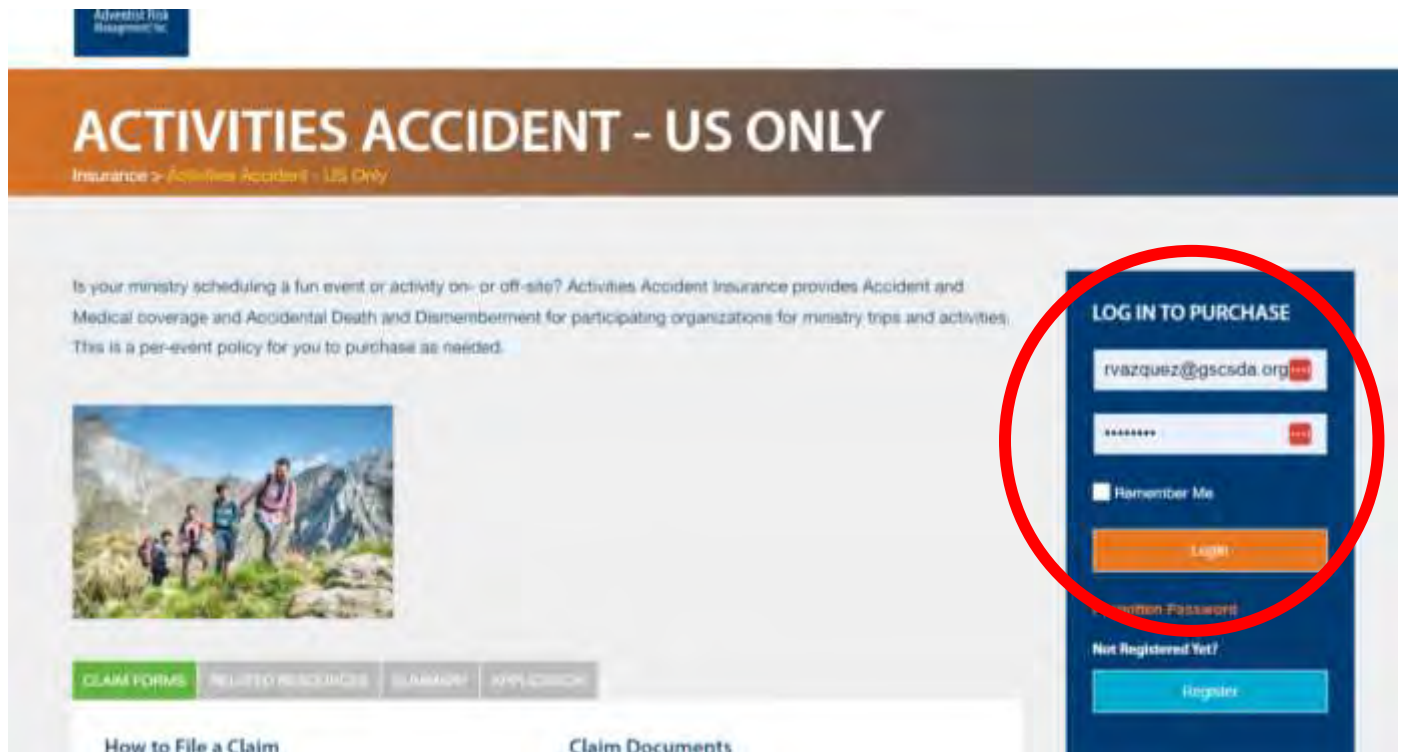


## Como comprar una póliza de seguro:

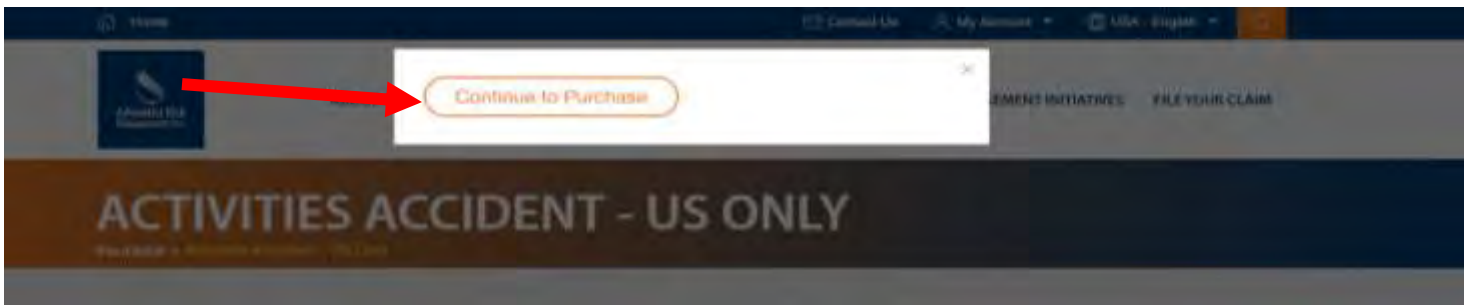
1. Vaya a la página [adventistrisk.org](http://adventistrisk.org)
2. Puede cambiar el idioma seleccionando el círculo rojo.
3. Bajo **SEGURO**, seleccione Accidentes de Actividades



4. Debe crear una cuenta para comprar una póliza. Si no la tiene puede seguir las instrucciones bajo el botón AZUL.



5. Al entrar a su cuenta, la siguiente página aparecerá. Presione “Continuar Comprando”.



6. Una nueva ventana abrirá con una aplicación digital, siga las siguientes aplicaciones bajo cada sección. Por favor proveer la información de contacto para una persona que estará presente en el evento. Use el botón “View List” para seleccionar su Iglesia. Si su Iglesia no aparece en la lista, seleccione NAD, Southern Union, Gulf States Conference. Una vez cada sección este complete presione **NEXT**.

Activities Accident (US Only)

1 Contact Information 2 Participants/Destination Travel Dates/Products 3 Totals & Authorization 4 Submit Payment » Confirmation Print Policy/ID Cards

**Contact Information**

[Entry Tips](#)

Division / Union / Conference Affiliation  OR Southern Union Conference (NAD) > Gulf States Conference \*

Sponsoring Organization (Church, Institution, etc.)

Contact Name

Contact Surname

Address

E-Mail

Telephone Number

Description of Activity

Please select the type of trip this will be

7. Antes de continuar con la siguiente pagina, por favor tener una lista en el programa de Word o Excel con los nombres de TODOS los que asistirán. Incluye a los cocineros, chofer, niños de la directiva, etc... Esta lista será subida y añadida a la aplicación.

a) Seleccione GROUP b) Suba el Archivo c) Siga el ejemplo con su información específica a su club.

☐ 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.

### Add Documents

#### Attach Documents Related to Application

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 Card(s)                    | Email Certificate(s)                |
|---------------------|--------------|-------------------|------------|------------|-------------------------------------|-------------------------------------|
| Sample Pathfinder C | 35           | eventleader@gn... | 10/12/2022 | 10/16/2022 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

[Add More Groups](#)

#### Location of Event

City   
State / Region / Province   
Country

Policy Details - Miscellaneous Trips & Short Term Activities - [Click for Details](#)

#### Volunteer Labor

☐ Yes ☒ No Volunteer Labor?

[Product Summary](#)

[Add To Cart](#) [Cancel](#)

#### Participants Already Added

| Delete | Edit | Group Name | Member Count | Coverage | Policy Type | Amount |
|--------|------|------------|--------------|----------|-------------|--------|
|--------|------|------------|--------------|----------|-------------|--------|

[NEXT](#)

[Previous](#)

[Save For Later](#)

[Delete](#)

8. Una vez entre toda su informacion, despues de la seccion de “Volunteer Labor” hay un boton que dice **Add to Cart**. Presionelo.

9. Esto calculara y dara la cantidad para pagar para la poliza. Presion **NEXT** para que hagan su pago.

**Activities Accident (US Only)**

1 Contact Information

2 **Participants/Destination  
Travel Dates/Products**

3 Totals & Authorization

4 Submit Payment

» Confirmation  
Print Policy/ID  
Cards

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

[Add Documents](#)

[Add Group](#)

**Participants Already Added**

| Delete                 | Edit                 | Group Name             | Member Count | Coverage                | Policy Type | Amount  |
|------------------------|----------------------|------------------------|--------------|-------------------------|-------------|---------|
| <a href="#">Delete</a> | <a href="#">Edit</a> | Sample Pathfinder Club | 35           | 10/12/2022 - 10/16/2022 | MAP_AA      | \$71.75 |

**NEXT**

[Previous](#) [Save For Later](#) [Delete](#)

## 10. Pagina de de Confirmacion de Pago

**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 minimum premium Refund - Premium is fully refundable for cancellation of activity. Refunds are not permitted for participants who fail to attend the activity.

Questions about these products -- contact Adventist Risk Management at [service@adventistrisk.org](mailto:service@adventistrisk.org)

**Signature:**

Type Name of Contact

Title (Group Leader, Treasurer, etc.)

I hereby declare that I have read and reviewed the foregoing terms, conditions, disclaimers, fee schedules and premium rates and I understand and agree to them. If during the trip I find that coverage needs to be extended I must apply for an extension. Coverage terminates on the originally specified end date of my application. Initial to indicate that you understand this:

**Proceed To Payment**

[Previous](#) [Save For Later](#) [Delete](#) [Print Application](#)



11. Preceda a completar su pago – siga las instrucciones en Payeezy. Por favor guardar e imprimir sus hojas de confirmacion y su certificado de seguro.

Activities Accident (US Only)

1 Contact Information 2 Participation/Confirmation Travel Cases/Products 3 Terms & Authorization 4 Submit Payment 5 Confirmation Print Receipt/Check

Total Amount Due

Total USD \$ 71.75

System update: The payment processing provider has been changed from PayPal to Payeezy.

Payeezy Entry Time

DISCLAIMER - PLEASE READ

Please note that coverage for a particular loss may be denied if the insurance product under which coverage is sought is purchased after the loss occurs. Remittance of premium does not bind coverage. In addition to full payment of premium and any other applicable transaction fees, an applicant must meet eligibility requirements before coverage is bound.

Previous

Ya ha completado su proceso. Por favor proveer una copia de la poliza a alguien que NO estara en el evento en el caso de que un incidente proceda. Puede conseguir una copia de su aplicación en su Menu.

