

DIPLOMAT LT APPLICATION

Please print and fill out completely. Return the application with your payment for the total premium to: Maddock & Associates, 1407 Willow Road E, Fife, WA 98424 Fax: 1-253-896-9411. Call us if you have any questions: 1-800-875-4490 (in the US) 1-253-854-0199 (outside the US). Or, **apply online**.

APPLICANT INFORMATION - Diplomat LT (3 month minimum) Please print clearly

Last Name _____ First Name _____ M.I. _____

Home Country Address _____

City _____ State _____ Zip Code _____ Country _____

Passport Number _____ Issuing Country _____

Trip Destination _____

Arrival Date _____ Return Date _____ Requested Effective Date _____

For Accidental Death Benefit:

Beneficiary _____

Relationship to applicant _____

Address _____

Send Confirmation of Coverage to:

Name _____

Address _____

Phone _____

Insured will be beneficiary for spouse & children

CALCULATING YOUR PREMIUM

Policy Maximum: (Circle one)

Inside USA Coverage Plan A: \$500,000 Plan B: \$1,000,000

Outside USA Coverage Plan C: \$500,000 Plan D: \$1,000,000

Deductible Option: (Circle one) \$100 \$250 \$500 \$1000 \$2500

Optional Riders: (Circle all that apply) Hazardous Activity Athletic Home Country

<p>In Case of Emergency Your Physician's:</p> <p>Name _____</p> <p>Address _____</p> <p>Phone Number:(____) - ____ - ____</p>
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Names of persons to be Insured	Date of Birth	Monthly Premium
Applicant _____	____/____/____	_____
Spouse _____	____/____/____	_____
Child _____	____/____/____	_____
Child _____	____/____/____	_____

Please attach additional sheet for more children

Total Month (A) _____

(A) _____ X _____ = (B) _____ X _____ = (C) _____
 month premium number of sub-total deductible factor months

(C) _____ X _____ = (D) _____ + \$10.00 \$ _____
 rider factor (Administrative Fee) = **TOTAL PREMIUM**

Refund of premium, less a \$25 processing fee, will be considered only if written request is received by Global Underwriters prior to the effective date of coverage. After that date, the premium is considered fully earned and non-refundable. Partial refunds are not available. Coverage cannot begin until Global Underwriters receives your complete application and correct premium.

PAYMENT METHOD: Check Money Order MasterCard/Visa

Make check or money order payable to Global Underwriters.

Card # _____ Exp. Date _____ Phone _____

Name on card _____ Signature _____

I have read and fully understand the [exclusions list in this web site](#). Check or money order must be made payable to Global Underwriters Inc. All premium payments must be made in U.S. dollars at the time application for coverage is made. If paying by credit card, I authorize **Global Underwriters Agency Inc.** to bill my Visa/MasterCard account for the total premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I hereby subscribe to the Group And Blanket Insurance Trust and enroll in coverage for which I am eligible under the blanket policy issued by **Combined Insurance Company of America**.

Signature of Insured or Proxy	Date	
Agent Name/# MADDOCK & ASSOCIATES	GA Name/# 531447029	
_____Company Use Only_____		
Process Date ___/___/___	Effective Date ___/___/___	Certificate#NFV0121466-_____

[E-mail us](#) for more information and a free quote or
CALL TOLL FREE (in the U.S.) 1-800-875-4490
Outside the U.S. 1-253-854-0199

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