



**Return this form to:
Adventist Risk Management, Inc.**

Field Services
11291 Pierce Street,
Riverside, CA 92515
Fax (951) 353-6848

Field Services
12501 Old Columbia Pike,
Silver Spring, MD 20904
Fax (301) 680-6840

Field Services
119 st. Peters Street, St.
Albans, Hertsfordshire
AL1, 3EY, England
Fax 441-727-864578

INTERNATIONAL PATHFINDER APPLICATION

DIVISION

UNION

CONFERENCE

Church Name: _____ Club Name: _____
 Contact Name: _____ Telephone No.: _____
 Church Address: _____
 Departure Date: _____ Return Date: _____

NAME (each participant must be listed separately beginning with Group Leader. Please attach additional sheets as needed)

Eligibility – All active members, leaders and committee members of the Unit of the Policyholder.

Coverage – While participating in or attendance at any regularly approved unit activity as a group, under the supervision of the duly designated unit leader, or:

While traveling directly to and from such regularly scheduled and approved group activity with other members of the unit as group provided such group is at the time under the supervision of the proper authority of the unit, or;

While traveling directly to and from the insured Members residence and meeting place for the purpose of participating in such regularly scheduled unit activity.

Benefits/Limits - Maximums

	Option I	Option II	Option III	Option IV	Option V
Accidental Death and Dismemberment	\$5,000 Max	\$5,000 Max	\$10,000 Max	\$20,000 Max	\$10,000 Max
Accident Medical Expense – Primary Coverage \$0 deductible	\$1,000	\$2,000	\$1,000	\$2,000	\$3,000
Evacuation & Repatriation	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000
Rate Per Person	\$1.14	\$1.98	\$1.44	\$2.28	\$3.20

Authorized Signature: _____

Date: _____

Pathfinders Club Master Accident Policy

International

Underwritten by The Insurance Company of Pennsylvania
Policy #9017445

Who is covered?

All Pathfinders Clubs named in the schedule, Unit Leaders and Committee Men.

What are the Benefits?

Plan pays benefit to policyholder if participant suffers Loss of Life or other named specific loss due to accident while engaging in Youth Group Activities. Note: This benefit is payable if death or injury occur within 90 days of the covered accident.

Maximum Amounts

As per options chosen

Specific Loss

Loss of Both Hands or Both Feet	100% Benefit Amount
Loss of the Entire Eyesight of Both Eyes	100% Benefit Amount
Loss of One Hand and One Foot	100% Benefit Amount
Loss of One Hand and Sight of One Eye	100% Benefit Amount
Loss of One Foot and Sight of One Eye	100% Benefit Amount
Loss of One Arm or One Leg	75% Benefit Amount
Loss of One Hand or One Foot	50% Benefit Amount
Loss of the Entire Sight of One Eye	50% Benefit Amount

Benefit Limits And Rates Per Coverage Option

	Option I	Option II	Option III	Option IV	Option V
Accidental Death and Dismemberment	\$5,000 Max	\$5,000 Max	\$10,000 Max	\$20,000 Max	\$10,000 Max
Accident Medical Expense – Primary Coverage \$0 deductible	\$1,000	\$2,000	\$1,000	\$2,000	\$3,000
Evacuation & Repatriation	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000
Rate Per Person	\$1.14	\$1.98	\$1.44	\$2.28	\$3.20

Exclusions:

1. Suicide or any attempt thereat while sane or self destruction or any attempt thereat while insane.
2. Travel or flight (including getting in or out, on or off) in any vehicle used for aerial navigation, if the Insured Person is:
 - (a) riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - (b) performing, including learning or instructing to perform, as a pilot or crew member of any aircraft;
 - (c) riding as a passenger in an aircraft owned, leased or operated by the Policyholder or by the Insured Person's employer.
3. The expense of replacing eyeglasses or prescriptions therefore.
4. Abdominal hernia, however caused.

This summary and is not intended to take the place of the provisions stated in the Master Policy. At all time the Master Policy will govern.