

Kentucky School Boards Insurance Programs

FIELD TRIP INSURANCE APPLICATION FORM

All checks must be written on the District or school account and must be made payable to KSBIT. Your check and the application must be received in the KSBA office PRIOR TO THE TRIP or coverage will not apply. Faxed copies are not permissible.

DISTRICT _____

SCHOOL/PROGRAM NAME _____

SCHOOL ADDRESS _____

CITY, STATE & ZIP CODE _____

_____ (____) _____
 Teacher/Contact Person (please print) Area Code and Phone Number.

Teacher/Contact Person e-mail address _____

Signature _____ Date _____

Activity (location and description): _____

****Please Note: SPECIAL TRIPS REQUIRE SPECIAL INSURANCE!****

High-risk activities (skiing, scuba diving, whitewater rafting, caving, rock climbing, spelunking)
****\$2.05 Per Person, Per Day for participating districts, \$2.75 for non-participating districts. All other activities-.70 Per Person, Per Day for participating districts and \$1.00 for non-participating districts.****

All other activities - .70 Per Person, Per Day

Departure Date: _____ Return Date: _____

Number of People Attending: X \$ _____

\$0.70 per person (Participating districts): X \$ _____

\$1.00 per person (Non-participating districts) X \$ _____

\$2.05 per person High-risk Activities Only (Participating) X \$ _____

\$2.75 per person (non-participating districts) X \$ _____

Subtotal: X \$ _____

Number of Days: X \$ _____

Total Amount Attached: \$ _____

Mail Check and Application To:
 Kentucky School Boards Insurance Programs
 Attn: Field Trips
 260 Democrat Dr.
 Frankfort, KY 40601
 (502) 695-4630 or 1-800-372-2962

Review/Revised:9/6/07