

# Bridge Norena & Associates Insurance Agency

Educational & Institutional Programs  
 23945 Calabasas Road, #210., Calabasas, Ca 91302  
 818-225-1627 x 303, 323-872-3831 x 303, Fax: 818-225-7029, 818-225-7737  
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 License # 0716331

## Los Angeles Unified School District Foreign Travel Coverage 2008-2009 school term

Foreign travel protection policy will pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by You due to an accidental Injury or Illness which occurred during the Period of Coverage outside Your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to the same or related causes will be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement will be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Injury or Illness must occur within 30 days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges, are incurred within 180 days from the date of accident or onset of Illness, and which are not excluded will be considered.

**TO ORDER COVERAGE FOLLOW STEPS:**

1. Complete two page application for insurance. (It is required that all participants attending the event are covered, whether they have other insurance or not.
2. Provide a roster of all students and adults attending the trip.
3. Fax application to our office and mail originals if paying with a check or money order. Please do not mail the application if you paying with a credit card.

Bridge Norena & Associates must receive completed enrollment form and a complete participant roster prior to the start of travel and activities.

PART A: Foreign Travel Protection Policy Minimum Premium Requirement: \$30.00	PART B: Fairmont Specialty Travel Assist Plan
\$100,000. Accident and Sickness Medical Coverage \$5,000. Trip Interruption \$50. - \$250. MAX – Baggage and Personal Effects \$100,000. Emergency Medical Evacuation \$10,000. Medical Repatriation and Return of Remains \$500. Dental \$10,000. Family Reunion  \$100. Deductible	Travel Assist Plan is designed to provide students, who travel 100 miles or more from home or in a foreign country that is not the country of permanent residence, with a worldwide, 24-hour emergency telephone assistance service during the term of coverage. This Plan supplements the insurance benefits provided by Fairmont Specialty. The assistance plan services are provided by On Call International (OCI).  IN ADDITION TO EMERGENCY MEDICAL TRANSPORTATION SERVICES THE FAIRMONT SPECILATY TRAVEL ASSIST PLAN OFFERS A VARIETY OF SERVICES:  MEDICAL ASSISTANCE – TRAVEL ASSISTANCE – PRE-TRIP ASSISTANCE <u>(see policy for full detail disclosure)</u>
Premium \$2.02 per participant	Travel assist fee: \$.03 per participant

Participant fee due within ten days of order.

Participant roster due prior to start of travel.

$$\begin{array}{rccccccc}
 & & & \times & \$2.05 & \times & & = & \$ & & \\
 \text{\# of Participants} & & & & \text{Participant Rate} & & \text{\# of Calendar Days} & & & & \text{Premium Due} \\
 \text{SAMPLE: } & ( 20 & + & \text{Part A: } \$2.02 / \text{Part B: } \$0.03 & = & \$2.05 & + & 1 & = & & \$41.00)
 \end{array}$$

Teacher requesting coverage: \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT NAME

METHOD OF PAYMENT (DO NOT SEND CASH) – PLEASE REMIT PAYMENT TO:  
Bridge Norena & Associates, 23945 Calabasas Road., Suite #210, Calabasas, Ca 91302  
 Personal Check  Money Order  Credit Card (visa and mastercard only)

Check # \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_ Name on check: \_\_\_\_\_  
Pay by fax or Email: 818-225-7029, 818-225-7737 or joseph@bridgenorena.com  Credit Card (only)

\_\_\_\_\_ EXP Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Validation Code: \_\_\_\_\_ Card Holder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**DO NOT SEND CASH**

**Trip is originating from:**

L.A.U.S.D Campus: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Completed by: \_\_\_\_\_ Phone # \_\_\_\_\_

Date(s) of trip: Start: \_\_\_\_\_ End: \_\_\_\_\_

Destination: \_\_\_\_\_

Activities: \_\_\_\_\_

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This form should be signed by school administrator for coverage to be bound.

\_\_\_\_\_

Administrators Name

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Please attach student and chaperones roster.

IF PREMIUM IS PAID BY CREDIT CARD AND YOU NEED A COPY OF THE CREDIT CARD RECEIPT FOR REIMBURSMENT. PLEASE PROVIDE EMAIL ADDRESS:

\_\_\_\_\_ @ \_\_\_\_\_