



# Trip Cancellation and Interruption

1. Complete this form.
2. If paying by check, please make payable to GCIIS.
3. Mail or fax completed form to:

**Gallagher Charitable International Insurance Services**  
 P.O. Box 5845 | Columbia, SC 29250-5845  
 Fax: 803.252.1988

| Office Use Only       |       |
|-----------------------|-------|
| APPROVED GCIIS STAFF: | _____ |
| CONFIRMATION NUMBER:  | _____ |
| DATE:                 | _____ |

4. Once GCIIS has reviewed and approved this form, we will email it back to you with a confirmation number.

By checking the box to the left and submitting this form, you are agreeing to participate in the International Helpers (Guernsey) Trust. As a declared member of the Trust, you have the benefits of Trip Cancellation & Interruption cover per Policy Number PUSNA1500947 issued to the Trust.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Trip Departure Date: \_\_\_\_\_ Trip Return Date: \_\_\_\_\_  
 Destination Country: \_\_\_\_\_

## TRAVELERS

If there are more than five travelers, please attach a separate sheet with their names, dates of birth, and Trip Costs (optional). The cost is \$5.20 per person/per day.

|             |                      |                      |
|-------------|----------------------|----------------------|
| Name: _____ | Date of Birth: _____ | Trip Cost: \$: _____ |
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## FEE CALCULATION

(Please include the departure and return date when computing travel days)

$$\frac{\text{Number of travelers}}{\text{Number of travelers}} \times \frac{\text{Number of travel days}}{\text{Number of travel days}} \times \frac{\$5.20}{\text{Fee per person/per day}} = \frac{\text{Total Fee}}{\text{Total Fee}}$$

## PAYMENT INFORMATION

### Payment Method:

- I will send a check with this form to the mailing address above.
- I will pay by credit card. *(Please note that credit card payments incur a 3% handling fee.)*

### To pay by credit card:

1. Wait until you receive a confirmation email from GCIIS.
2. Go to our Online Payments page:  
[https://www.aaintl.com/form\\_payments.cfm](https://www.aaintl.com/form_payments.cfm).
3. Complete the applicable fields on the Online Payments page.
  - For Policy Type, select "Trip Cancellation."
  - For Policy Number, enter "Trip Cancellation."
  - For Invoice or Enrollment Number, enter the Confirmation number given to you on the email confirmation you receive from us.

**Gallagher Charitable International Insurance Services**  
 P.O. Box 5845  
 Columbia, SC 29201  
 800.922.8438  
 803.252.1988 fax  
 gallaghercharitable@ajg.com  
 www.TravelwithGallagher.com

Gallagher Charitable