



REQUEST FOR PURCHASE OF ADDITIONAL INSURANCE

Must include check made out to United of Omaha

(Request and check must be received at the Girl Scout Center at least four weeks before the event.)

Troop/Group #: _____ Service Unit Name & Number: _____

Type of Activity: _____

Location: _____

Dates: From _____ Through _____

Total Number of Participants: _____ (Attach list, if possible.)

Level of Coverage Desired: (Check (√) one)

Plan 2 11¢ per day per participant

Plan 3E 29¢ per day per participant

Plan 3P 70¢ per day per participant

**Please include your check made payable to:
United of Omaha (Minimum of \$5 required.)**

Check Enclosed: # of Participants _____ **X** # of Days _____ **X** Plan Rate _____ = \$ _____

Contact Person: _____ Phone Number: _____

Please Mail To: Girl Scouts of Western Ohio
Attn: Finance Department
4930 Cornell Road
Cincinnati, OH 45242-1804

1001272-005/2021-22

888.350.5090 | gsw.org
customer-care@gsw.org



In Partnership With:

