

## Special Markets Insurance Consultants, Inc. Blanket Tour Audit Form

Policyholder Name: Cameron University Student Development Policy No: 36-057636-0354-10  
 Youth Covered: Yes / No Adults Covered: Yes / No Rate per Person per day: \$0.83  
 Adventure Sports Rate: \$0.75 Snow Sports Rate: \$1.00 Work Activities Rate: \$1.00

- Please note that the **Adventure Sports, Snow Sports and Work Activities** rates are in addition to the **Rate per Person per Calendar Day** base rate. These are additional coverages.

This report must be completed each trip showing the specific dates for each trip. The completed report and premium must then be submitted to:

**Special Markets Insurance Consultants**  
**Attn: Renewal Department**  
**2615 Post Road**  
**Stevens Point, WI 54481**

The rate is computed for each calendar day. Example shown below in last row. (1) x (2) x (3) = (4)

Description of Activity (Including City, State, Country)	Begin Date	End Date	(1) No. of Days	(2) No. of Persons	(3) Rate per Person per Day	(4) Premium Due
Example Youth Ministries Trip to Jackson, MS	08/02/04	08/06/04	5	15	\$0.44	\$33.00
<b>Totals</b>						
<b>Adventure Sports</b>	<b>Begin Date</b>	<b>End Date</b>	<b>(1) No. of Days</b>	<b>(2) No. of Persons</b>	<b>(3) Rate per Person per Day</b>	<b>(4) Premium Due</b>
<b>Totals</b>						
<b>Snow Sports</b>	<b>Begin Date</b>	<b>End Date</b>	<b>(1) No. of Days</b>	<b>(2) No. of Persons</b>	<b>(3) Rate per Person per Day</b>	<b>(4) Premium Due</b>
<b>Totals</b>						
<b>Work Activities</b>	<b>Begin Date</b>	<b>End Date</b>	<b>(1) No. of Days</b>	<b>(2) No. of Persons</b>	<b>(3) Rate per Person per Day</b>	<b>(4) Premium Due</b>
<b>Totals</b>						
<b>GRAND TOTALS</b>						

The amount of deposit premium submitted with the original application was (Excluding \$35.00 Policy Fee) \$ \_\_\_\_\_

Adjustment of deposit premium: Additional payment enclosed: \$ \_\_\_\_\_

Remarks: \_\_\_\_\_

I hereby certify that the above report is true and correct.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code                      Phone Number