



**Boy Scouts of America Special Events
A&S Insurance Plan Application for Insurance**



HSR ADMINISTRATIVE USE ONLY:

Date Received: <input type="text"/>	Check #: <input type="text"/>
Date Enrolled: <input type="text"/>	Date DOC Sent: <input type="text"/>

Council Name <input type="text"/>	Council # <input type="text"/>
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Name of Camp or Event & Location

Event Opening Date <input type="text"/>	Event Closing Date <input type="text"/>	= <input type="text"/>
		# of Days

PREMIUM CALCULATIONS:

# of Participants	X	# of Days	=	Participant Days	X	Rate	=	Premium
<input type="text"/>		<input type="text"/>		<input type="text"/>		\$0.40		<input type="text"/>
# of Tot Lots		# of Days		Participant Days		Rate		Premium
<input type="text"/>		<input type="text"/>		<input type="text"/>		\$0.05		<input type="text"/>
Total Event Premium:								<input type="text"/>

Note: There is a \$25.00 minimum premium required to secure coverage

A Description of Coverage (DOC) and claim forms will be emailed to the Council's Representative listed below.
Please be sure to include an email address below. Please allow 10 business days upon receipt by *HSR* for processing and issuing of the DOC

Name of Council Representative (completing this form)	<input type="text"/>
Email Address of Council Representative	<input type="text"/>
Phone Number	<input type="text"/>
Date Completed (MM / DD / YEAR)	<input type="text"/>

If paying by check, please print out this form, enclose a check payable to HSR and mail to:

Health Special Risk, Inc.

P.O. Box 957946, St. Louis, MO 63195-7946

[Toll-free: 1-866-726-8870](tel:1-866-726-8870) • BSAenrollment@hsri.com

If paying by credit card, please complete the following. PLEASE NOTE: There is a five (5) percent service charge (or \$5.00 minimum), for processing a credit card. Upon completion, please email this form to BSAenrollment@hsri.com for processing.

Credit Card Holder Full Name:	<input type="text"/>		
Credit Card Number:	<input type="text"/>		
Expiration Date:	Security Code:	<input type="text"/>	
Today's Date (MM / DD/ YEAR)	Premium Amount	<input type="text"/>	
	X 5%		
	Amount Charged:	<input type="text"/>	