



STUDENT FIELD TRIP INSURANCE REQUEST*

Cost: \$0.25 per student/per day

Email or fax to Benefits office: benefits@unl.edu Fax: 472-6803

Email to SOFS office: sofs@unl.edu

Please do not email form to both offices.

** Limits of Coverage: Accidental Death \$30,000; Accident Medical Expense: \$2,500; Aggregate Limit: \$500,000*

Date Submitted: _____ Name of Program: _____

Destination: _____ Date(s) of Travel: _____

Does trip include lodging for more than one night? Yes No

If yes, please list all lodging facilities and addresses to be utilized (note if a private home)*:

**If a trip itinerary listing locations is available, it may be attached instead.*

Trip Itinerary*:

**If a separate itinerary is available, it may be attached instead.*

Cost Center or SOFS Number: _____ Trip Insurance Cost*: _____

*Cost: _____ days x _____ students x \$0.25

Name & Phone # of Advisor/Faculty Member: _____

Is he/she going on the trip? Yes No

Is a University vehicle being used? Yes No

If yes, please fill out the following table:

Driver(s) Name	DOB	License #	State Issuing License

Transportation Services Use Only:

Reservation #: _____ License #(s): _____ Vehicle #(s): _____

