



Transportation Services Use Only:

Reservation # _____	License # _____
_____	Vehicle # _____

STUDENT FIELD TRIP INSURANCE

Cost: 25 Cents per student/per day

Email to: benefits@unl.edu OR Fax to Benefits Office 472-6803

Date Submitted: _____ Name of Program: _____

Destination: _____ Date(s) of Travel: _____

Trip Itinerary: _____

Cost Center or Cash/Check Total: _____ Trip Insurance Cost: _____
 (___ days x ___ students x .25)

Name & Phone# of Advisor/Faculty Member: _____

Is (s)he going on trip? YES NO

Is a State/University Vehicle being used? YES NO

If "YES" please fill out shaded area below

Driver(s) Name	DOB	License #	State Issuing License

REQUIRED STUDENT INFORMATION:

Students' Names	Student ID #	Emergency Contact & Phone #

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

