



## STUDENT FIELD TRIP INSURANCE REQUEST\*

Cost: \$0.25 per student/per day

Email or fax to Benefits office: [benefits@unl.edu](mailto:benefits@unl.edu) Fax: 472-6803

Email to SOFS office: [sofs@unl.edu](mailto: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:** \_\_\_\_\_  
(City, State)

**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):** \_\_\_\_\_

### REQUIRED STUDENT INFORMATION:

[illegible]