

APPLICATION



Gallagher | CHARITABLE

Name: _____ Passport #: _____
 Spouse: _____ Passport #: _____
 Who is your Sending Org. or Assn.? _____
 Mailing Address: _____ Overseas Location (City & Country): _____

 Phone: _____ Fax: _____ Email: _____
 Requested Effective Date of Insurance: _____

Term of insurance is effective at 12:01 a.m. on the date application is mailed to Gallagher Charitable International Insurance Services, unless a later date is specified above.

SECTIONS	VALUE	PARTICIPATION FEE <i>(See Rate Page)</i>
Section I		
Personal Property Overseas	_____	_____
	Total Value Section I	
OPTIONAL Section I		
(a)Property at School/College	_____	_____
(b)Property in Storage	_____	_____
<i>(Indicate address on reverse)</i>	Total Value Section I (a)	
(c)Business Property in Excess of \$3,000	_____	_____
<i>(see reverse)</i>	Total Value Section I (b)	
	_____	_____
	Total Value Section I (c)	<i>\$100 minimum fee & \$500 deductible applies</i>
Section II		
Scheduled Personal Property		
Jewelry	_____	_____
All Other	_____	_____
		<i>No deductible applies</i>
Section III		
Comprehensive Personal Liability	<input type="checkbox"/> \$100,000 Limit	\$35
Please check appropriate box	<input type="checkbox"/> \$250,000 Limit	\$60
	<input type="checkbox"/> \$500,000 Limit	\$90
Section IV Personal Optional Accident (Contact Gallagher Charitable for details.)		
Section V Transit (Refer to Rate Page)		
<i>Must purchase minimum Section I Coverage to be eligible.</i>	_____	<i>\$500 deductible applies</i>
Optional Coverages		
Other:		
Refer to Rate Page		
<i>Must purchase minimum Section I Coverage to be eligible.</i>		
	Total Annual Participation Fee	

Please provide payment instructions:
 _____ Check attached (U.S. Dollars)
 _____ Draft or money order attached
 _____ Third party will pay all premiums
 Please give name and address below:

If third party is paying premiums, please advise us where we are to send your policy, Correspondence and future renewals.

Enclose application and check payable to:
Gallagher Charitable International Insurance Services
 P.O. Box 2860 Greenville, SC 29602
 Tel: 803-758-1400 or 1-800-922-8438 Fax 803-252-1988
 Email: gallaghercharitable@ajg.com Website: TravelwithGallagher.com

Signature of Applicant _____ Date _____

International Helpers (Guernsey) Trust
Participation Agreement: Sub Fund D – International Property

THIS AGREEMENT made and entered into as of the ____ day of _____ 20____ by and between **ARTEX RISK SOLUTIONS (GUERNSEY) LIMITED** and _____ (Name of Participating Individual or Group).

RECITALS

- (A) **ARTEX RISK SOLUTIONS (GUERNSEY) LIMITED** has been appointed and is acting as the trustee under a Declaration of Trust dated 7 June 2006 and amended and restated on 23rd January, 2014 titled the International Helpers (Guernsey) Trust (the "Declaration of Trust") and made by Artex Risk Solutions (Guernsey) Limited Heritage Hall, Le Marchant Street, St. Peter Port, Guernsey (hereinafter with any other trustee or trustees serving under the Declaration of Trust referred to as the "Trustee"). The purpose of the Declaration of Trust is to afford the benefit of certain services, including insurance benefits, to qualifying persons, members, customers or employees of certain organizations.
- (B) _____ (Insert Name of Participating Individual or Group) (hereinafter with any successor or successors thereto referred to as the "Participant") desires to afford to himself or qualifying beneficiaries insurance benefits of the sort available under the Declaration of Trust Sub Fund D – International Property of the sort available under the Declaration of Trust.

NOW THEREFORE in consideration of the mutual promises herein contained the Trustee and the Participant hereby agree as follows:

1. Subject to the approval of the insurance provider providing the insurance pursuant to which insurance benefits shall be provided (the "Insurance Policies") for the Participant, and the Service Provider entering into the Service Offering pursuant to which certain other services shall be provided to the Participant the Trustee agrees to permit the Participant to become a Participant under the Declaration of Trust.
2. The Participant agrees to be bound by:
 - 2.1 The provisions of the Declaration of Trust; and
 - 2.2 Each and every provision of the Insurance Policies and the Service Offering (and all riders and amendments thereto).
3. The definitions contained in the Declaration of Trust shall apply in the construction and interpretation of this Participation Agreement.
4. In particular, but without prejudice to the generality of the foregoing, the Participant agrees promptly to furnish to the Trustee, the insurance provider and/or the Service Provider or, if requested by the Administrator under the Declaration of Trust to do so, to the Administrator all records and other information required by the insurance provider and/or the Service Provider to administer properly the Insurance Policies and/or the Service Offering and to permit the Trustee, the insurance provider, the Service Provider and/or the Administrator, whenever and as often as the Trustee, the insurance provider, the Service Provider or the Administrator may reasonably require, to inspect the records of the Participant bearing on the Insurance Policies and/or the Service Offering.
5. The Participant hereby appoints the Administrator (if any) acting under the Declaration of Trust to represent the Participant in all dealings with the Trustee having to do with the Trust Fund including by way of example and not of limitation of the foregoing such matters as instructions to the Trustee, the resignation or dismissal of the Trustee and the appointment of a successor, amendment of the Declaration of Trust, the fixing and adjustment of the Trustee's fee and all other matters pertaining to the construction of the Declaration of Trust, its effect and the administration of the Trust Fund.
6. In the event that the Participant shall withdraw as a Participant under the Declaration of Trust in accordance with the provisions thereof the Participant agrees that it shall relinquish any and all claims the Participant may have on the date on which such withdrawal becomes effective or which thereafter may accrue to any portion of the Trust Fund.
7. The Trustee shall make available at its principal place of business and during normal business hours upon reasonable notice to the Participant or any one or more of the qualifying persons, members, customers or employees of the Participant an executed duplicate of the Declaration of Trust and all amendments thereto which shall at the time be in force and effect.
8. The Participant shall pay when due the cost of all fees applicable to the Participant's qualifying persons, members, customers or employees to the Trustee or its nominee. Payment shall be at the risk of the Participant.
9. The Participant agrees and warrants that no solicitations have been made to it to enter into this Participation Agreement and that its participation under the terms of the Declaration of Trust, Insurance Policies and Service Offering is voluntary.

IN WITNESS WHEREOF on the day and year first above written the parties hereto have caused these presents to be executed by their respective officers duly authorized.

Accepted on Behalf of Trustee

ARTEX RISK SOLUTIONS (GUERNSEY) LIMITED

BY: _____

Accepted on Behalf of Participant

BY: _____

RATE SHEET

SECTION I Unscheduled Personal Property

\$2.25 per \$100
 Minimum premium \$100
\$500 deductible applies
Contact for optional deductible quote.

Business Property

\$3.25 per \$100

SECTION II Scheduled Personal Property

Jewelry \$2.75 per \$100
 All other \$ 2.75 per \$100
No deductible applies

SECTION III Comprehensive Personal Liability

\$100,000 \$35
 \$250,000 \$60
 \$500,000 \$90
 (Coverage not available on USA properties without underwriting approval.)

SECTION IV Optional Personal Property

Contact Gallagher Charitable for details.

SECTION V Transit

\$2.00 per \$100
\$500 deductible applies

Note: You must first purchase the minimum premium under SECTION I or II to be eligible to purchase this coverage as additional coverage. Applies on a per-shipment basis only.

Contact Gallagher Charitable for rates.
www.gallaghercharitable.com
gallaghercharitable@ajg.com
 800.922.8438

Premium Calculation Example

SECTION I \$22,000 Value

\$22,000 @ \$2.25/100 \$495
 Sub Total \$495

SECTION II

Jewelry
 \$3,000 @ \$2.75/100 \$83
 Antiques
 \$2,000 @ \$2.75/100 \$55
 Sub Total \$138

SECTION III

\$100,000 \$35
 Total Annual Premium \$668



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Gallagher Charitable International Insurance Services
 1301 Gervais Street, Suite 400 | Columbia SC 29201
 Tel: 803.758.1400 or 1.800.922.8438 Fax 803.252.1988
 Email: gallaghercharitable@ajg.com
 Website: www.TravelwithGallagher.com