



Organization Agreement

ORGANIZATION INFORMATION: (Please Print Clearly)

Organization Name (Legal):	DBA Name (If Applicable):	
Mailing Address: (Street/P.O. Box #, City, State, Zip)	Entity Structure: (Corporation, Partnership etc)	Federal Tax ID # (If a Corporation) or Social Security #:
Primary Contact:	Business Phone:	Business Fax:
Shipping Address for supplies (No P.O. Box #'s):	Email Address:	

PRODUCT/SALES CONDITIONS

1. Organization will offer My CampProtector to all participants.
2. Global Coverage, Inc. will pay 10% Expense Compensation on each plan sold.
3. Global Coverage, Inc. may vary the rate of expense compensation payable on 30 days written notice.

AGREEMENT TERMS AND CONDITIONS

1. Global Coverage, Inc., ("GLOBAL COVERAGE") authorizes _____
Organization Name (Legal Name)
("Organization") to offer insurance policies underwritten by member companies of Aegon USA (Aegon) and administered by Trip Mate, Inc. ("Trip Mate"). This Agreement and the rights contained herein may not be assigned by Organization to any other person or entity without the written consent of GLOBAL COVERAGE. This Agreement constitutes the entire agreement between the parties.
2. It is agreed to and understood that Organization is an independent contractor and neither party has the authority to bind the other except as provided herein. Organization also agrees to comply with all applicable laws and regulations set forth by any lawful authority.
3. Only persons residing in the U.S. or Canada will be offered Insurance policies. Organization agrees to not sell any policy after the participant has departed on his/her program.
4. Only one policy will be sold per participant.
5. Organization will immediately provide GLOBAL COVERAGE or its designee with any notice of claims forwarded to Organization for any product sold under the terms of this Agreement. Trip Mate and Aegon will have responsibility for administration of all claims and Organization shall not admit liability, adjust, settle or commit Trip Mate, Aegon or GLOBAL COVERAGE to any claims or policies sold.
6. Organization will assist Trip Mate and Aegon in the adjudication of claims by providing information when requested in a timely manner.
7. This Agreement may be terminated by either party, for any reason, upon written notice to either party. This Agreement will automatically terminate upon Organization's cessation of business, assignment or sale for the benefit of creditors or insolvency.
8. Any use of the name, products, trade name or service marks of either Trip Mate, Aegon or GLOBAL COVERAGE in an advertising (including electronic media) or product material medium not prepared by GLOBAL COVERAGE, Trip Mate or Aegon must be approved in writing by GLOBAL COVERAGE, Trip Mate or Aegon.
9. Organization agrees to hold GLOBAL COVERAGE, Trip Mate & Aegon harmless from and indemnify them against any liability or costs resulting from Organization's general performance or failure to perform under this Agreement. GLOBAL COVERAGE, Trip Mate & Aegon agree to hold Organization harmless from and indemnify against any liability or costs resulting from any unauthorized act of GLOBAL COVERAGE, Trip Mate or Aegon's performance or failure to perform under this Agreement.
10. No term or condition of the Travel Insurance policy(ies) may be waived or modified by any party without the written signed approval of GLOBAL COVERAGE, Trip Mate or Aegon.

BY: _____ Name & Title _____ Date ____/____/____

FOR OFFICIAL GLOBAL COVERAGE, INC. USE ONLY:

Authorized Global Coverage, Inc. Representative _____ Date ____/____/____

Please mail or fax completed and signed form to:
QUESTIONS? Call 1-888-794-CAMP

MyCampProtector.com c/o Global Coverage, Inc.
9 East 37th Street, New York, NY 10016 Fax: 1-212-779-7731

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type on page 2. See Specific Instructions	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number								
			+					

or

Employer identification number								
			+					

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.