

### Conclave Insurance Payment Transmittal

Region: \_\_\_\_\_ Section: \_\_\_\_\_ Date: \_\_\_\_\_

Service Council Name: \_\_\_\_\_

Dates of Conclave or event: \_\_\_\_\_ to \_\_\_\_\_

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**Conclave National Liability Insurance Surcharge is \$2 per participant per day of conclave.**

Number of Weekend Participants \_\_\_\_\_ x **\$6.00** (3 days) = \$ \_\_\_\_\_

Number of Saturday Only Participants \_\_\_\_\_ x \$2.00 (1 day) = \$ \_\_\_\_\_

**Total Transmitted for Conclave National Liability Surcharge: \$ \_\_\_\_\_**

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**Conclave Accident and Sickness Insurance is \$0.21 Per Participant Per Day of Conclave.**

**\*You must only pay for those not covered by the Council Accident & Sickness Plan.**

Number of Weekend Participants\* \_\_\_\_\_ x **\$0.63** (3 days) = \$ \_\_\_\_\_

Number of Saturday Only Participants\* \_\_\_\_\_ x \$0.21 (1 day) = \$ \_\_\_\_\_

**Total Transmitted for Conclave Accident and Sickness Insurance: \$ \_\_\_\_\_**

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**Total Liability Insurance Surcharge and Accident and Sickness Insurance Fees: \$ \_\_\_\_\_**

Transmitted By \_\_\_\_\_

\_\_\_\_\_ Title

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail: \_\_\_\_\_

What council holds your Section Funds: \_\_\_\_\_

Please do not mail a check we will bill the council you indicate above that holds your section funds.

(Check your Region)

- CR – Account # 78000-9185
- NR - Account # 78000-9385
- SR - Account # 78000-9585
- WR - Account # 78000-9785

**Questions? Call Stephanie Jordan 972-580-7846**