

# NorthWind, LLC

## SHORT TERM INTERNATIONAL MEDICAL COVERAGE QUESTIONNAIRE

Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ SIC Code: \_\_\_\_\_

Eligible Employees: \_\_\_\_\_

Employees Nationalities: \_\_\_\_\_

Dependent and/or spouse coverage? \_\_\_\_\_ #Per Trip: \_\_\_\_\_

Number of Employees to be Insured: \_\_\_\_\_

Travelers per Trip: US Destinations: \_\_\_\_\_ Non US Destinations: \_\_\_\_\_

Number of Trips: US Destinations: \_\_\_\_\_ Non US Destinations: \_\_\_\_\_

Duration of Each Trip: US Destinations: \_\_\_\_\_ Non US Destinations: \_\_\_\_\_

Countries Traveling To: \_\_\_\_\_

Minimum Premium is \$1,500.

Please complete and return to:

NorthWind, LLC  
3108 State Route 59, Suite 124-370  
Naperville, IL 60564  
630.922.7720 tel.  
630.922.7954 fax  
[www.northwindllc.com](http://www.northwindllc.com)