



*GNI International Freedom*  
New Account Application Form

Complete the required data for Volume Pricing. Once submitted, PCU will validate information and process accordingly.

FOR INTERNAL USE ONLY

**PRODUCER INFORMATION**

COMPANY NAME	Good Neighbor Insurance
ADDRESS	690 East Warner Road, Suite 117 Gilbert, Arizona 85296, USA
SUBMITTED BY	Good Neighbor Insurance - Doug Gulleson
CONTACT INFORMATION	Doug Gulleson
SUBMISSION DATE	

**CLIENT INFORMATION**

COMPANY NAME	
ADDRESS	
CONTACT INFORMATION	

**CLIENT ADMINISTRATION** Individual who will have access to myPointComfort for registering Trips.

FULL NAME	
CONTACT INFORMATION	
EMAIL ADDRESS	

Enter the Plan Options below for Validation of Agreement

**PRICING DETAILS**

EXPECTED TRAVEL DATES	DISCOUNT					
Is the average age of your group 50 years or over? (Circle one)	Yes			No		
PLAN OPTIONS	CIRCLE SELECTION					
Deductible	\$0	\$100	\$250	\$500	\$1,000	\$2,500
MedPack Maximum	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	
EvacPack	Yes	No				
AdventurePack	Yes	No	(If selection Yes, EvacPack must be Yes)			
LifePack	\$25,000	\$50,000	\$100,000	No		
Total Daily Rate (Before Volume Pricing)						

Producer Signature

Date

**POINT COMFORT UNDERWRITERS VALIDATION** Area to be completed by PCU Team Only

Validation By	Name	Date
System Entry By	Name	Date