

Enrollment Form: Schlumberger Joint Schedule

Mailing Address

Pathfinder/LL&D Insurance Group, LLC
P.O. Box 441587
Houston, TX 77244-1587

Re: Physical Damage Insurance for Personal Use of Company Car for **2013-2014**

Please provide physical damage insurance for the personal use of my company car as indicated below:

Comprehensive Coverage – U.S. \$450 deductible & Collision Coverage – U.S. \$270 deductible Note: Coverage is not to exceed U.S. \$52,000 per vehicle.

I understand that coverage will take effect at 12:01 a.m., standard time, at my address as listed below, on the day following the postmark date on this request. I have checked the pro rata factor table for my desired effective date and multiplied that factor times **U.S. \$152.0;** to obtain my pro rata premium and enclosed my check for that amount. Canadian Employees please send Money Order in **U.S. \$.**

Date: _____ Name (Please Print): _____

Signature: _____

Employed By: _____

Division: _____

Mailing Address:

Home or Office? (Please Circle)

Email Address: _____

Daytime Telephone Number: _____

**Please Enclose Check for Pro Rata Premium in U.S. Funds Made Payable to:
Pathfinder LL&D Insurance Group, L.L.C.**