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| **Educational institution name:** |  |

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| **Foreign Travel** |

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| 1. Please complete the grid below for each foreign trip: | | | | | | | | | | |
| **Trip** | **Trip Destination**  **(Country & City)** | | | **Trip length (in days)** | **Number of students** | | **Number of faculty or Employees** | | **Number of Alumni, volunteers, etc.** | |
| **1** |  | | |  |  | |  | |  | |
| **2** |  | | |  |  | |  | |  | |
| **3** |  | | |  |  | |  | |  | |
| **4** |  | | |  |  | |  | |  | |
| **5** |  | | |  |  | |  | |  | |
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| 1. Use the grid below to describe the purpose of each foreign trip: | | | | | | | | | | |
| **Trip** | **Trip Purpose** | | | | | | | | | |
| **1** |  | | | | | | | | | |
| **2** |  | | | | | | | | | |
| **3** |  | | | | | | | | | |
| **4** |  | | | | | | | | | |
| **5** |  | | | | | | | | | |
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| 1. Does the education institution carry liability insurance for foreign travel, including insurance to cover injury to any of the participants (students, teacher, staff, spouses, volunteers, etc.) if they travel overseas? | | | | | | | | Yes | | No |
| 1. If “yes”, please provide the limits listed below: | | | | | | | | | | |
| 1. General liability | | | $ | | |  | | | | |
| 1. Medical payments | | | $ | | |  | | | | |
| 1. Travel accident | | | $ | | |  | | | | |
| 1. Are any of the participants on the trip required to sign a liability waiver, hold harmless, or assumption of risk before they travel? | | | | | | | | Yes | | No |
| 1. Does the educational institution rely on an outside travel service agency to obtain coverage for travel accident coverage? | | | | | | | | Yes | | No |
| 1. If “yes”, is this coverage mandatory or voluntary; please explain below: | | | | | | | | | | |
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| 1. Are there any foreign campuses, classrooms or owned property? | | | | | | | | Yes | | No |
| 1. If “yes”, please provide details below on the location (Country, size of the location, rented or owned, student or faculty housing, etc.) | | | | | | | | | | |
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| This supplemental application becomes part of your primary application and must be signed and dated.  Coverage cannot be bound until the Company approves your completed application. |

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| Signature |  | Date |