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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** |       |       |       |       |       |
|  |  |  |  |  |  |
| 1. Use the grid below to describe the purpose of each foreign trip:
 |
| **Trip** | **Trip Purpose** |
| **1** |       |
| **2** |       |
| **3** |       |
| **4** |       |
| **5** |       |
|  |
| 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:
 |
|  |       |
|  |       |
|  |       |
| 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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|  |       |
|  |       |
|  |       |
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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 |