

International Application Students & Chaperones Supplement

Applicant Information

Broker Information

Educational Institution:

Brokerage Name: Cover Agency, Ltd

Trip Travel Exposure for Students and/or Chaperones-complete a separate supplemental application for each trip

List and describe below activities performed by **STUDENTS and/or CHAPERONES** while outside U.S. on sponsored programs:

A. Conferences, Conventions, Seminars, On-site Inspections, Field Engineering Studies, Cultural/Sightseeing Field Trips:

Describe purpose of Trip:

Cities and Countries of Travel:

Total # of Students:

Total # Trips for All Students:

Average Duration of Trips:

Total # of Chaperones:

Total # Trips for All Chaperones:

Average Duration of Trips:

Is Housing Arranged and Provided by insured? Yes No

Describe Housing Facilities used while overseas:

Is Transportation arranged and provided by insured? Yes No

Describe types of Transportation used while overseas

B. Activities in Which Students and/or Chaperones are Engaged in Physical Work (*i.e., archaeological digs*)

Describe purpose of Trip:

Cities and Countries of Travel:

Total # of Students:

Total # Trips for All Students:

Average Duration of Trips:

Total # of Chaperones:

Total # of Trips for all Chaperones:

Average Duration of Trips:

Is Housing Arranged and Provided by insured? Yes No

Describe Housing Facilities used while overseas:

Is Transportation arranged and provided by insured? Yes No

Describe types of Transportation used while overseas

AD&D and Medical Optional Coverage for Students and/or Chaperones

Limit Options

(select one) \$10,000 AD&D \$25,000 AD&D \$50,000 AD&D

(select one) \$10,000 Medical \$25,000 Medical

Kidnap and Extortion Optional Coverage for Students and/or Chaperones

Overseas Trip Information

Destination (City / Country)	# Trips	# Students and Chaperones Per Trip	Average Duration Per Trip	Reason for Trip

K&E History and Security

Describe Any Security or Prevention Measures to Protect Students and Chaperones Listed Above From Incident to Which This Coverage Applies:

Describe Any Previous Kidnap, Extortion or Detention Incidents, Attempts or Threats:

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative: _____

Date:

Signature of Producer: _____

Date: