



**CONNECTICUT
INTERLOCAL
RISK
MANAGEMENT
AGENCY**

545 Long Wharf Drive, 8th Floor
New Haven, CT 06511-5950
Phone: 203-946-3700
www.CIRMA.org

CIRMA International Insurance Program Application

Name of Entity: _____

Address of Entity: _____

Contact Name at Entity: _____

Phone: _____ Fax _____ E-Mail _____

Agent: _____ Phone: _____ E-Mail _____

Do you have any permanent locations/operations or employees overseas? Yes ___ No ___

Have there been any prior claims resulting from overseas accidents or injuries? Yes ___ No ___

If there have been prior claims, please provide a brief description _____

Complete the section below for each planned trip:

Trip 1 Details:

Departure date _____ Return date _____

Purpose (i.e. school trip, tour, sabbatical, trade mission, cultural exchange, etc.)

Destination (city & country)

Number of employee participants _____ Number of other participants _____

Trip 2 Details:

Departure date _____ Return date _____

Purpose (i.e. educational, tour, mission, construction, etc.)

Destination (city & country)

Number of employee participants _____ Number of other participants _____

Trip 3 Details:

Departure date _____ Return date _____

Purpose (i.e. educational, tour, mission, construction, etc.)

Destination (city & country)

Number of employee participants _____ Number of other participants _____

AIG Assist Services include but not limited to:

- **Medical Assistance:** referral to English speaking doctors, advance payment of medical expenses, guarantee of hospitalization fee, medical evaluation, medical case monitoring and medical records and medication shipment;
- **In Route Services:** lost/stolen luggage and personal effects assistance, lost/stolen travel documents/tickets assistance; emergency cash transfer, trip interruption assistance, and insurance/claims coordination;
- **Pre-Trip Personal Assistance:** passport and visa requirements, political/environmental warning information, currency information and ATM locations, information regarding global weather, emergency message transmissions, and telephone translations;
- **Legal Assistance:** referral to local attorney.

The availability of services is subject to the terms and conditions of the policy to the insured organization.

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

Insured Signature & Date _____