



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

### CIRMA International Insurance Program Application

Entity Name \_\_\_\_\_

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., educational, tour, etc.) \_\_\_\_\_

Destination (Country and City) \_\_\_\_\_

Number of Employee Participants \_\_\_\_\_ Number of Other Participants \_\_\_\_\_

##### Trip 2 Details:

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Purpose (i.e., educational, tour, etc.) \_\_\_\_\_

Destination (Country and City) \_\_\_\_\_

Number of Employee Participants \_\_\_\_\_ Number of Other Participants \_\_\_\_\_

##### Trip 3 Details:

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Purpose (i.e., educational, tour, etc.) \_\_\_\_\_

Destination (Country and City) \_\_\_\_\_

Number of Employee Participants \_\_\_\_\_ Number of Other Participants \_\_\_\_\_

**AIG Travel Assistance Services** include, but not limited to:

- **Medical Assistance:** translation services, medical facility payment arrangements, direct billing to medical providers, medical evacuation assistance, medical case monitoring and shipment of medical records;
- **In Route Services:** lost baggage search and/stolen luggage replacement assistance, lost passport/ travel documents assistance; emergency cash transfer assistance, flight/ hotel re-bookings, and insurance/claims coordination;
- **Pre-Trip Travel Assistance:** passport and visa requirements, security and safety advisories, currency conversion information and ATM locations, latest world weather, urgent message relay, and translation services;
- **Legal Assistance:** legal referrals.

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 \_\_\_\_\_



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### International Travel Roster Form

Member Name \_\_\_\_\_

Destination \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

#### Trip Participants

**Students:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_

**Employees:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Non-Staff Chaperones\*:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

\*Coverage applies only to those individuals who are fully participating in the school’s trip activities, subject to the policy terms, conditions, and exclusions. Any participants who intend to follow their own itinerary for all or part of the trip, are not eligible for coverage while traveling/sightseeing separately.