

Supplemental Application-Foreign Terrorism Liability Coverage

INSTRUCTIONS:

- i. Please complete all portions of this application completely, truthfully and accurately. If you do not understand a question, contact United Educators for clarification. United Educators will rely on the information you supply to underwrite for a foreign terrorism liability coverage extension.
- Important Information:
 - Foreign means locations outside of either the USA and its territories and possessions or Canada.
 - Subject to the terms and conditions of the policy, coverage is provided via an endorsement to the UE general liability policies for liability arising out of hostilities occurring in a foreign country.

Attach any additional information required. iv. Have the Officer of the Educational Organization sign and date this application: Signature of the Officer of the Educational Organization: Date: Printed Name of Officer: Title of Officer: Institution Name: _____ Underwriting Dept., United Educators Insurance v. Return this application with any attachments to: Two Wisconsin Circle, 4th Floor Chevy Chase, MD 20815 Phone: 301-907-4908 Fax: 301-907-8620 **SECTION 1: POLICIES AND PROCEDURES FOR FOREIGN TRAVEL** 1. Does your institution purchase a medical evacuation/repatriation and communication assistance program for all students and non-employees (alumni, spouses of faculty, volunteers, etc.) traveling to foreign locations? ☐ Yes ☐ No If No, please explain: If Yes, indicate who provides this assistance program: ☐ Worldwide Assistance ☐ International SOS Medex

Other: _____

	travelir	our institution require that each student and non-employee (alumni, spouses of faculty, volunteers, etc.) ig to foreign locations sign a liability waiver, hold harmless agreement, or assumption of risk form for any liability claims? No					
	•	If No, please explain:					
		If Yes:					
		→ Is a copy of this agreement sent to student's parents/guardians prior to the travel to inform them of foreign travel risks? ☐Yes ☐No					
		$ ightarrow$ Please provide a copy of this agreement for our review. Check here \square to confirm it is attached.					
3.	Describ	be your institution's methods of communication with your foreign travelers:					
		pe/attach your institution's crisis management/evacuation plans for used to respond to foreign travel (check here ☐ to confirm that a copy has been attached for our review):					

SECTION 2: PLANNED OR ESTIMATED FOREIGN TRAVEL FOR UPCOMING 12 MONTHS

Destination(s)	Purpose	Length (in days)	Number of students on trip	Number of faculty on trip	Number of non- employees on trip
		l	<u> </u>	<u> </u>	

(To list additional travel, print this form, then clear form and refill this page)

Print Form