International Travel Insurance Request

TRAVEL INFORMATION

Destination: _____

Please include all cities and countries to be visited and attach a copy of the trip itinerary.

High Hazard* Country: NO ☐ YES* ☐ *Click for list of High Hazard countries

***If YES, attached approvals must be completed on page 2 prior to submittal to Risk Management**

Dates of travel (outside US) From: _____ To: _____

Purpose (activities/events) of proposed travel: _____

TRAVELER INFORMATION *(Attach a list of travelers)*

Name of University Travel Leader: _____

# of Faculty/Staff Travelers (including Travel Leader): _____

# of Student Travelers: _____

of "other" Travelers: _____

Describe relationship of "other" travelers to University: _____

TRIP DETAILS

Contact information for Travel Leader while traveling: _____

What modes of travel will be used to move about in destination country? _____

_____

Airports traveler will be traveling to and from: _____

Describe any specific security measures being taken?: _____

CHARTFIELD (for payment of insurance premium)

FUND	DEPT ID	ACCOUNT	CLASS
		660913	

Name of Requestor: _____ Department: _____

_____ _____

Signature of Requestor Date

FOR RISK MANAGEMENT USE ONLY:

Date Received: _____ Date sent to CSURMA: _____

Date Bound: _____ Date "travel assist" card sent to Travel Leader: _____

Premium: $_____

Approval for travel to a High Hazard* country

*As **Department Head/Chair** over the students/faculty/staff traveling, I **give my approval** for the above outlined travel. I verify that I have reviewed the travel itinerary and (please attatch justification) evaluated the risk associated with travel to the High Hazard country/ies as proposed security measures.*

_____ _____

Signature of Department Head/Chair Date

*As **Dean or Vice President** over the students/faculty/staff traveling, **I give my approval** for the above outlined travel. I verify that I have reviewed the travel itinerary and reviewed the justification for travel to the High Hazard country/ies as well as the proposed security measures.*

_____ _____

Signature of College Dean/Vice President Date

_____ _____

Signature of University Provost Date

_____ _____

Signature of University President Date

Forward completed application to Risk Management for processing