

**ACE USA INTERNATIONAL ADVANTAGE<sup>a</sup>  
FOR THE HARTFORD  
QUICK QUOTE FOR EDUCATIONAL INSTITUTIONS ABROAD**

**CUSTOMER:**

Address: \_\_\_\_\_  
\_\_\_\_\_

**CUSTOMER CONTACT:**

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**BROKER/AGENT:**

Address: \_\_\_\_\_

**BROKER CONTACT: Judy North/Arizona Group Insurance**

Phone: 480 892-8755  
Fax: 480 892-7625

**QUOTE NEEDED BY:** \_\_\_\_\_

**INTENDED INCEPTION:** \_\_\_\_\_

*COMPLETE SEPARATE APPLICATIONS FOR PROPERTY AND KIDNAP & EXTORTION*

**GENERAL LIABILITY LIMITS:**

**EMPLOYERS RESPONSIBILITY**

**U.S. Nationals \*Third Country Nationals**

**CONTINGENT AUTO LIMITS:** \_\_\_\_\_

**\*Local Nationals**

Number of Foreign Owned Autos: \_\_\_\_\_

# of Employees Abroad: \_\_\_\_\_

Payroll/number of trips: \_\_\_\_\_

Job Functions Performed: \_\_\_\_\_

Attach schedule including countries where located.

**\*Country Of Origin benefits applies**

EMPLOYEE AD&D AND MEDICAL OPTIONS:	STUDENT AD&D AND MEDICAL OPTIONS:
<input checked="" type="checkbox"/> \$250,000 AD&D <input type="checkbox"/> \$25,000 Medical Expense* (Employees)	<input type="checkbox"/> \$10,000 AD&D <input type="checkbox"/> \$10,000 Medical Expense*
<input type="checkbox"/> \$100,000 AD&D <input type="checkbox"/> \$10,000 Medical Expense* (Employees)	<input type="checkbox"/> \$25,000 AD&D <input type="checkbox"/> \$25,000 Medical Expense*
<input type="checkbox"/> <b>OTHER:</b>	<input checked="" type="checkbox"/> \$50,000 AD&D
<i>(If Primary coverage is desired, please complete a separate application)</i>	Includes Emergency Medically Supervised Evacuation & Medically Supervised/Mortal Remains Repatriation: \$50,000 <i>(If Primary coverage is desired, please complete a separate application)</i>

**PLEASE PROVIDE THE FOLLOWING GENERAL INFORMATION:**

Type of School: Charter School  
Private, Public, Grammar, Secondary, College, Etc.

Age/Type of Students: \_\_\_\_\_

Describe the Trip/Program and Purpose: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Anticipated Trip/Program Itinerary, Dates & Duration: \_\_\_\_\_

Has this Type of Trip Been Taken Before? \_\_\_\_\_

Are there other foreign trips/activities planned for this policy period? \_\_\_\_\_

Mode of Transportation while abroad: \_\_\_\_\_

Number of Chaperones and their Relationship to School/Program: \_\_\_\_\_

Will Parents and Students Hold School Harmless? \_\_\_\_\_

Any prior claims/losses in last five years ? If yes, please describe: \_\_\_\_\_

Will Release Forms be Signed? \_\_\_\_\_

Current international insurance carrier and premium: \_\_\_\_\_

Does customer sponsor semester abroad programs? \_\_\_\_\_

Does the customer have any fixed assets overseas?  
 Yes     No

Do students participate in other semester abroad programs? \_\_\_\_\_

If yes, please attach a schedule of locations.  
Do any of the members of the trip/tour participate in athletic events?

Travel into the U.S.?  Yes     No    \* If travel includes travel to the U.S. please attach a schedule of trips including the number of employees, number of trips and average length of stay.

Additional Comments: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SEND APPLICATION AND PERTINENT INFORMATION TO YOUR HARTFORD UNDERWRITER**