



Foreign Terrorism Liability Supplemental Application

Instructions for the Educational Institution (Applicant)

- Please complete all portions of this Supplemental Application completely, truthfully, and accurately.
- To save a partially-completed PDF application and send it someone else, save it as PDF to your hard drive or desktop and attach it to an email, or use the “send” function in Adobe Reader. Be sure to include any attachments.
- Sign the application using either a digital or wet signature:
 - Digital:** Click on the signature box and follow the instructions, which will include how to create a signature for digital verification if you haven’t already done so.
 - Wet:** Print the PDF and sign the application. Scan the completed form and save it to your desktop or hard drive.
- Email the completed and signed application with all necessary attachments to your broker.
- If you do not understand a question, please have your broker contact United Educators (UE) for clarification.

Submitting Broker

Please complete the broker information below. Confirm that all application questions are answered and that the application is signed before submitting it to UE.

Submitting Broker Must Complete		
Person to Contact:		
Address 1:		
Address 2:		
City:	State:	Zip:
Phone Number:		
Email:		
License Number:		

Email the completed, signed, and dated application to your underwriter.

Application

Full Legal Name and Address of the Educational Institution

Institution Name:		
Address 1:		
Address 2:		
City:	State:	Zip:

The undersigned is an authorized representative of the Educational Institution and all persons or concerns applying for coverage. The undersigned declares that all information provided is complete, truthful, and accurate.

Signature: _____ Date: _____

Name: _____

Title: _____

Educational institution: _____

The signing and submission of this Supplemental Application does not bind United Educators to issue, or the **Educational Institution** to purchase, any specific policy or coverage. The information provided in this Supplemental Application is for underwriting purposes only, and does not constitute notice to United Educators of a claim or potential claim under any policy.

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, indicate who provides this assistance program: <input type="checkbox"/> Worldwide Assistance <input type="checkbox"/> International SOS <input type="checkbox"/> Medex <input type="checkbox"/> Other: _____	
If No, please explain:	

2. Does your institution require that each student and non-employee (alumni, spouses of faculty, volunteers, etc.) traveling to foreign locations sign a liability waiver, hold harmless agreement, or assumption of risk form for any foreign liability claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? Please provide a copy of this agreement for our review. Check here <input type="checkbox"/> to confirm it is attached.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain:	

3. Describe your institution's methods of communication with your foreign travelers:
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4. Describe/attach your institution's crisis management/evacuation plans used to respond to foreign travel crises (check here <input type="checkbox"/> to confirm that a copy has been attached for our review):
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Section 2: Planned or Estimated Foreign Travel for Upcoming 12 Months

Destination(s)	Purpose	Length (in days)	Number of students attending	Number of faculty attending	Number of non-employees attending
DUPLICATE THIS PAGE AS NEEDED					

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