



Foreign Travel Insurance Request Form

ATTACH: TRIP ITINERARY, APPROVED TRAVEL AUTHORIZATION, ROSTER OF TRAVELERS

ALL FIELDS MUST BE COMPLETED

Traveler's Information

Name (Last, First, MI.):

Email:

Cell Phone:

Alt. Phone:

Department:

Purpose of Trip

Course(s):

Departure Date:

Return Date:

Destination(s) – **Provide countries and cities:**

Will traveler be renting a vehicle?

YES

NO

Are any of the destinations on the State Dept.'s 'high hazard' or travel warning lists?

YES

NO

<http://travel.state.gov/content/passports/english/alertswarnings.html>

If YES, have you received appropriate approvals from the campus President?

YES

NO

Are any destinations on the War Risk list?

YES

NO

If YES, the Chancellor's office will require 30 days to process approval.

http://www.calstate.edu/risk_management/rm/documents/CSURMA_HighHazardList.pdf

Traveler's Emergency Contact Information

Emergency Contact Person:

Contact's **Email**:

Number of Students:

Number of C.I. Employees:

Number of Others*:

*If 'Others' are traveling, please explain:

Group Information – Please attach separate sheet if a group is traveling, including names and email addresses of all travelers in the group, and names and email addresses for each traveler's emergency contact.

Risk Management will send an email confirming that coverage has been bound for the traveler(s), along with Travel Assist cards that each participant must carry while traveling.

If travel is canceled, please notify Risk Management at ext. 8846 as soon as possible.

SEND COMPLETED FORM, ITINERARY, COPY OF TRAVEL AUTHORIZATION AND GROUP LIST (IF A GROUP IS TRAVELING) TO RISK MANAGEMENT.