



Academic Security Risk Management Program University Program

Assured

1. Organization name:

Head office address:

Insured Persons

2. Total number of employees:

Total number of students:

Financial information

3. Total revenue (from last annual report):

Total assets (from last annual report):

Student travel

4. Specify the number of students overseas per academic school year, broken down by country. *(Continue on a separate sheet if necessary)*

| Anticipated this year: | Country | Number of students |
|------------------------|---------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

| Last year: | Country | Number of students |
|------------|---------|--------------------|
| | | |
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| | | |
| | | |

Institutional travel

5. Specify the anticipated overseas institutional travel by destination country, average number of employees and average duration of stay (for faculty/administration-non student). *(Continue on a separate sheet if necessary)*

| Country | Average number of employees | Average duration of stay |
|---------|-----------------------------|--------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Daycare facilities

6. Do you have any on-site daycare facilities? Yes No

Medical services

7. Does your institution provide infant or child related medical services to the general public? Yes No

Medical research

8. Do you have any medical research facilities performing animal testing? Yes No



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Other insurance

9. Do you have other insurance of this type that exists covering the Assured? Yes No

If yes to any of the above, please give details : (Continue on a separate sheet if necessary)

Previous threats or losses

10. Have you or any insured person had any claims and/or experienced threats or incidents that would give rise to a claim under this insurance within the last 5 years? Yes No

If Yes, please give details: (Continue on a separate sheet if necessary)

Declaration

The undersigned duly authorized representative of the applicant declares to the best of his or her ability that the statements set forth herein are true.

NOTICE TO APPLICANTS: This application does not bind the Applicant or the Company, but it is agreed that this application will be the basis of the contract, should a policy be issued, and it will be attached to, and made part of the policy. The applicant undertakes to notify the Company immediately if the information supplied on this application changes between the date of this application and the time when the policy is issued.

FRAUD – GENERAL WARNING: Any person who knowingly submits an application for insurance or statement of claim containing any materially false, incomplete, or misleading information for the purpose of defrauding or attempting to defraud an insurance company or other person may be guilty of a crime and may be subject to criminal and civil penalties and denial of insurance benefits.

Assured's name

Position in organization

Signature

Date

AGENT/BROKER RETURN APPLICATION TO:

Quirk & Company
Vicky Dearing AAI CPCU RPLU
vdearing@quirkco.com
Ph: 800-299-9421 ext 139
Fx: 210-477-3611