

Safety, Risk, and Sustainability (SRS)

International Travel Insurance Application

Form instructions:

- **ALL** fields within sections 1-3 are required.
- Concur Travel Requests should be submitted at least 30 days prior to your anticipated travel date.
- High risk locations are a minimum 90-60-day notice for processing.

I. TRAVELER INFORMATION

CHART STRING:

660010- _____

a. Traveler Name (as reads on passport): _____

Contact phone (while abroad): (____) _____ Email _____

while abroad: _____

Traveler Type (check one): Faculty Staff Student Other

Traveling on behalf of: University Auxiliary/Grant

b. Full name of conference, event, or university (no acronyms): _____

c. Purpose of Travel: _____

d. Emergency Contact Information (must be in the US):

Name: _____

Relationship to traveler: Spouse Domestic Partner Child Parent Friend

Colleague Other: _____

Contact phone: (____) _____ Email: _____

Physical Address: _____

e. City/Cities and Country/Countries to be visited (please include personal travel dates):

1)	_____	(2)	_____
3)	_____	(4)	_____
5)	_____	(6)	_____

Please contact: risk@csumb.edu for any questions.

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II. LODGING AND TRANSPORTATION

a. Lodging Name: _____

Address: _____

Phone: () _____

b. Lodging Name: _____

Address: _____

Phone: () _____

c. Lodging Name: _____

Address: _____

Phone: () _____

d. Lodging Name: _____

Address: _____

Phone: () _____

e. Lodging Name: _____

Address: _____

Phone: () _____

f. Lodging Name: _____

Address: _____

Phone: () _____

e. Modes of Travel while in country: Taxi Uber/Lyft Rental
Public Transportation Other: _____

f. Airports to be used while traveling (use 3-digit airport code): _____

g. Additional security measures to be taken while traveling abroad: _____

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III. The Safety of our Travelers including our Guest Travelers

Mark here if there are no guest travelers for this trip

CSUMB strives to ensure the safety and wellbeing of our faculty, staff and students while traveling abroad on university business. However, our care and compassion does not stop there, we also care about those who you chose to travel with you whether they be your spouse, partner, parent, friend or child. Should an emergency arise, we would not only repatriate you, back to the United States, but your loved ones as well. In order to do so, we need to know who is traveling with you.

NOTE: If you have more than two guest travelers, please attach a spreadsheet with the equivalent information requested below for each additional traveler. Along with the required [Employee Travel Companion Agreement](#).

Check here if you have attached a spreadsheet.

a. **Guest Traveler 1 Name (as reads on passport):** _____

Contact cell phone (while abroad): (____) _____

Email while abroad: _____

Emergency Contact Information (must be in the US):

Name: _____

Relationship to traveler: **Spouse** **Domestic Partner** **Child** **Parent** **Friend**
 Colleague **Other:** _____

Contact phone: (____) _____

Email: _____

Physical Address: _____

Traveler Type (check one): **Spouse** **Domestic Partner** **Child** **Parent** **Friend**

Is the Traveler a Minor? **Yes** **No**

Was an informed consent/waiver executed by a parent or guardian?

b. **Guest Traveler 2 Name (as reads on passport):** _____

Contact cell phone (while abroad): (____) _____

Email while abroad: _____

Emergency Contact Information (must be in the US):

Name: _____

Relationship to traveler: **Spouse** **Domestic Partner** **Child** **Parent** **Friend**

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Colleague Other: _____

Contact phone: (____) _____

Email: _____

Physical Address: _____

Traveler Type (check one): Spouse Domestic Partner Child Parent Friend

Is the Traveler a Minor? Yes No

Was an informed consent/waiver executed by a parent or guardian?

IV. Insurance Information

- a. Insurance does not cover: COVID-19 related quarantine before, after, or during the trip.
- b. Insurance does not cover: COVID-19 related illness or testing.
- c. Any changes or edits made to your travel once insurance is "bound" may impact notifications if issues arise while traveling, and may also impact your insurance. Changes/edits requires a notification to: your department, President, Provost, and Risk Management.

V. Export Controls

- a. I plan to take university-owned technology item(s)/equipment on this trip. Yes No

- b. If YES, please provide the item name and asset tag number if applicable.

Item Name: _____ Asset Tag #: _____

Item Name: _____ Asset Tag #: _____

Item Name: _____ Asset Tag #: _____

Item Name: _____ Asset Tag #: _____

- c. I plan to keep university-owned item(s)/equipment under my "effective control" while abroad (defined as retaining physical possession of an item or keeping it in a secured place such as hotel safe). Yes No

Note: There may be additional requirements necessary before you travel with university-owned equipment.