



Risk Management Office

## **Request for Foreign Travel Insurance**

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The CSU System has negotiated a Foreign Travel Insurance Program for University faculty, staff and students on University foreign travel. Details of coverage and cost may be found at [www.csuchico.edu/risk/csuchico\\_insurance.php](http://www.csuchico.edu/risk/csuchico_insurance.php) under Foreign Travel Insurance Program.

In order to obtain the insurance coverage and emergency assistance provided by this program, please complete the following information and return to Risk Management at fax number 898-4513 or campus zip 130. If possible, please allow at least 30 days for insurance administrator/underwriter review and processing. Once coverage is bound, information and an invoice will be e-mailed to the contact person listed below. If you have questions, please call Risk Management at 898-6588.

Date: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Department: \_\_\_\_\_

Destination of Travel: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

# of Employee Participants: \_\_\_\_\_

Name of Primary Participant: \_\_\_\_\_

# of Student Participants: \_\_\_\_\_

# of Other Participants: \_\_\_\_\_

If Other Please

Describe: \_\_\_\_\_

Purpose of Travel, Location, Events, Etc:

\_\_\_\_\_

Explain any unusual risk activities you may participate in or encounter:

\_\_\_\_\_

Other Special Needs:

\_\_\_\_\_

Dept. Chair or Dean Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_