



## Academic Security Risk Management Program Universities, Colleges, Vocational Schools

**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 |
|------------|---------|--------------------|
|            |         |                    |
|            |         |                    |
|            |         |                    |
|            |         |                    |
|            |         |                    |

**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

**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.**

Assured's name

Position in organization

Signature

Date