



**ACE USA INTERNATIONAL ADVANTAGE®  
QUICK QUOTE FOR EDUCATIONAL INSTITUTIONS ABROAD**

**CUSTOMER:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**CUSTOMER CONTACT:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**BROKER/AGENT:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**BROKER CONTACT:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**QUOTE NEEDED BY:** \_\_\_\_\_

**INTENDED INCEPTION:** \_\_\_\_\_

*COMPLETE SEPARATE APPLICATIONS FOR PROPERTY AND KIDNAP & EXTORTION*

**GENERAL LIABILITY LIMITS:** \_\_\_\_\_  
 **CONTINGENT AUTO LIMITS:** \_\_\_\_\_  
Number of Foreign Owned Autos: \_\_\_\_\_  
Attach schedule including countries where located.

**EMPLOYERS RESPONSIBILITY**  
U.S. Nationals \*Third Country Nationals \*Local Nationals  
# of Employees Abroad: \_\_\_\_\_  
Payroll/number of trips: \_\_\_\_\_  
Job Functions Performed: \_\_\_\_\_  
*\*Country Of Origin benefits applies*

**EMPLOYEE AD&D AND MEDICAL OPTIONS:**  
 \$250,000 AD&D     \$25,000 Medical Expense\* (Employees)  
 \$100,000 AD&D     \$10,000 Medical Expense\* (Employees)  
 **OTHER:** \_\_\_\_\_  
*(If Primary coverage is desired, please complete a separate application)*

**STUDENT AD&D AND MEDICAL OPTIONS:**  
 \$10,000 AD&D     \$10,000 Medical Expense\*  
 \$25,000 AD&D     \$25,000 Medical Expense\*  
 \$50,000 AD&D  
Includes Emergency Medically Supervised Evacuation &  
Medically Supervised/Mortal Remains Repatriation: \$50,000  
*(If Primary coverage is desired, please complete a separate application)*

**PLEASE PROVIDE THE FOLLOWING GENERAL INFORMATION:**

Type of School: \_\_\_\_\_  
Private, Public, Grammar, Secondary, College, Etc.  
Describe the Trip/Program and Purpose:  
\_\_\_\_\_  
Anticipated Trip/Program Itinerary, Dates & Duration:  
\_\_\_\_\_  
Are there other foreign trips/activities planned for this policy period?  
\_\_\_\_\_  
Number of Chaperones and their Relationship to School/Program:  
\_\_\_\_\_  
Any prior claims/losses in last five years? If yes, please describe:  
\_\_\_\_\_  
Current international insurance carrier and premium:  
\_\_\_\_\_  
Does the customer have any fixed assets overseas? \_\_\_ Yes \_\_\_ No  
If yes, please attach a schedule of locations.  
Do any of the members of the trip/tour participate in athletic events?  
\_\_\_\_\_

Age/Type of Students: \_\_\_\_\_  
Number of Students: \_\_\_\_\_  
Has this Type of Trip Been Taken Before?  
\_\_\_\_\_  
Mode of Transportation while abroad:  
\_\_\_\_\_  
Will Parents and Students Hold School Harmless?  
\_\_\_\_\_  
Will Release Forms be Signed?  
\_\_\_\_\_  
Does customer sponsor semester abroad programs?  
\_\_\_\_\_  
Do students participate in other semester abroad programs?  
\_\_\_\_\_  
Travel into the U.S.? \_\_\_ Yes \_\_\_ No \* If travel includes travel  
into the U.S. please attach a schedule of trips including the number of  
employees, number of trips and average length of stay.

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEND APPLICATION AND PERTINENT INFORMATION TO:  
Arlington/Roe & Co., Inc.**