



Connecticut  
Interlocal  
Risk  
Management  
Agency

## INTERNATIONAL TRAVEL PACKAGE APPLICATION

Colleen White  
FAX 203-773-9961

BOE \_\_\_\_\_  
Contact \_\_\_\_\_  
Telephone \_\_\_\_\_  
Fax \_\_\_\_\_

Address \_\_\_\_\_  
  
Email \_\_\_\_\_

Destination (s)	
Purpose of trip:	
Itinerary: Include approximate travel dates:	
* Number of Employee travel weeks	
** Number of Other travel weeks	
* Total number of travel weeks	
Number of travel weeks	

\*\*Please specify: (i.e. students, chaperones, volunteers, spouse, children, etc.) Please attach schedule of individuals to be covered \_\_\_\_\_

**\* One week equals up to and including Seven (7) Days, i.e.: 7 days=1 week; 4 days=1 week, 8 days=2 weeks  
Two employees each on a trip of 10 days duration - 4 weeks**

The undersigned applicant declares that to the best of his knowledge the statements set forth in this questionnaire are true and no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. Signing of this questionnaire does not bind the undersigned to complete the insurance, but it is agreed that this form shall be the basis of insurance should a policy be issued, and this form will be attached to and form a part of the policy.

\_\_\_\_\_  
Signed for Town/BOE  
  
\_\_\_\_\_  
CIRMA/Contact

\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date