

BUSINESS TRAVEL ABROAD INSURANCE SCHEME

Please complete in BLOCK CAPITALS & submit atleast 10 working days prior to commencement of trip

Name (in Block Capit	tals)			*Staff or Research Postgraduate (*please identify whether trip relates to a staff or a research postgraduate post)
Staff No./Student Reg	gistration No		Internal Telepl	hone No.
School	Depart	tment		Email address
I will be away on Uni	versity business fo	r the follow	ving reason(s):	
My projected itineral				
Date of Departure	Date of Return	Destination	on (Town/Countr	y)
What nationality pas	sport do you hold?	•••••	••••••	
	University Overses	as Travel S	afety & Security	Risk Assessment form for this trip
		rseas_travel	_safety_and_securi	ty_risk_assessment_form_oct2010.doc
Summary of Universit	tv business abroad c	over and lir	nits:	
-	cal Treatment & res			
			£10,000 (£3,00	
Money lossCancellation or curtailment due to illness			£5,000 (£3,000 £10,000) cash limit)
,				cludes liability arising from vehicles)
•		buy liability		by the Rental Company)
• Legal expenses £50,000.				
• Rental vehicle ex			£25,000	
(covers the amount of	excess applying to l	oss or dama	ige of a rental car)	
For a full copy of the p	policy wording down	nload the Bu	usiness Travel Insu	rance Policy
incidental holiday.				has a maximum period of 14 days for
If your trip is in excess of	f 12 months we must r	notify our ins	urers and there may	be a requirement to supply further information.
For further information	n please contact Ros	sie Vaughan	on extension 713	l or email <u>insurance@sussex.ac.uk</u>
I have seen and approv	ved this travel applic	cation:		
Dean/Head of School/Director			Signature .	Date:

Signed by applicant Date:

Please return to: Rosie Vaughan, Room 209, Sussex House