



Greenland/Antarctica Travel Affidavit and Questionnaire

Instructions: Complete the form with as much detail as possible and forward to your [campus Risk Management office](#) with cc: UCTravellInsurance@ucop.edu

1. Are you going to Greenland or Antarctica?

2. What are your travel dates?

3. What area of Greenland/Antarctica will you be visiting? Be specific:

4. When in Greenland/Antarctica, will you be under your employer's/Policyholder's supervision/control or will you be working for another entity such as the National Science Foundation?

5. Will you be flying in a private or military aircraft?

6. Do you understand that at times it may be impossible to remove you from Greenland/Antarctica due to the ever-changing weather conditions and available flights/aircraft?

7. Have you taken a physical exam to ensure you are physically fit for the conditions in Greenland/Antarctica?

8. Do you have any medical conditions that may cause you to become ill while in Greenland/Antarctica?

9. Has there been any recent news reports indicating any special hazards or other considerations which should be taken into account? Please explain:

By signing below, you are agreeing that you have read the insurance description and furthermore understand in the event that you require to be Evacuated you must notify AXA Assistance USA, Inc. as soon as reasonably possible to assess whether they can assist in the coordination of your evacuation. You understand that if you fail to do this, any expenses for evacuation services not coordinated, arranged, or preapproved by AXA Assistance USA, Inc. may not be eligible for reimbursement. Chubb makes all claim decisions based on the policy terms and conditions.

Name: _____ Date of Birth: _____

Phone Number: _____

Address: _____

I certify that the above information is true and correct:

Signed: _____ Dated: _____

Witness:

Name (Print): _____

Signed: _____ Dated: _____

Chubb. Insured.SM