

Chubb European Group SE 40 Leadenhall Street London EC3A 2BJ

## Checklist - insurance

General information		
School/Group		
Details of Visit/Activity		
Dates (DD/MM/YYYY)	From:	То:
Group Leader/Contact		
Have you seen the Policy Wo	ording/Policy Summary/Sch	hedule? Yes / No
Have you been provided with access to, or received copies of, the policy wording & schedule, and policy summary of cover? Yes / No		
Are you clear about all exclu	sions or other conditions a	applying to the policy? Yes / No
If you are undertaking hazar	dous activities, have you ch	hecked the policy conditions regarding the use of safety equipment? Yes / No
If you are undertaking hazar	dous activities, have you ch	hecked how this may affect the policy conditions regarding exclusions? Yes / No
Have you checked that any c	hild requiring medicines e.	.g. inhalers will bring personal supplies with them? Yes / No
And that you have received i	nstruction on how to admi	inister these? Yes / No
Can the insurer provide Eme	ergency Support and Assista	ance in the location of your visit? Yes / No
, ,	, , ,	ompted the parents to apply for EHIC (European Health Insurance Card)? Yes / No atment in the EU to people from EU member countries. Yes / No
Insurance and Parents		
Have you made parents awar	re of the scope of the insura	rance cover provided? Yes / No
Copies of the insurance sche	dule, Policy Summary, and	l Policy Wording should be made available on request.
Cancellations and Insur	ance	
Group leaders should forward any cancellations to their insurer and/or tour operator as soon as possible in writing if a replacement is not available.		
Do you have an emergency a	ssistance number to call sh	nould circumstances require? Yes / No
Emergency Assistance Numb	er:	
What arrangements have you	ı made for the payment of	medical bills abroad?

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