



Group Personal Accident & Travel Policy

Security & Sanctions Questionnaire

| Insured: | University of Bristol & Subsidiary Companies | |
|--------------------|--|--|
| Policy Number: | 0010628349 | |
| Travel Start date: | Travel End date: | |
| | | |

Proposed Location of Trip (include City & Country)

Please provide the following information with respect to the proposed trip:

1. Employees' Names and Individual Salaries (Salary required if Personal Accident is a multiple of salary)

| Employee Full Name | Annual Salary | Nationality |
|--------------------|---------------|-------------|
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |
| | £ | |

- 2. What is the total Sum Insured at each location?
 - £

3. Method of Travel to Country.

- 4. Mode of Transport within Country.
- **5.** Describe the insureds operation and business focus for this trip. (Purpose)
- 6. Nature of Duties of persons to be covered. (Activities)
- 7. Location of Work/trip within country. Include City & Country.
- 8. Location of Accommodation within country including Name & Address of Accommodation.



- 9. Name and address of the companies/clients visiting or working for.
- **10.** Security Provisions, including details for any travel within country.
- **11.** Does the Insured have a specific evacuation plan? Please provide details.
- 12. Are Employees mostly in highly protected areas?
- **13.** Is this Trip linked to any defence or military work? If yes, please provide details below.

Sanctions Questions – Please provide information with respect to any proposed trip to: Belarus, Cuba, Syria, Sudan, Iran, North Korea & Russia

14. Please describe any involvement with the Government of the countries listed above, including any companies owned or controlled by the Government.

For Iran travel only

- **15.** Please describe any involvement with the nuclear, petrochemical or petroleum industry.
- **16.** Please describe any involvement with the Iranian law enforcement entity, Iranian Revolutionary Guard, Iranian Military, weapons, or military products or services.

For Cuba travel only:

17. Was the travel policy issued/purchased to specifically cover this trip/trips to Cuba?

For Sudan travel only:

- **18.** Please describe any involvement that supports an industrial, commercial, public utility or governmental project in Sudan.
- **19.** Please describe any involvement that supports the petroleum or petrochemical industries including, but not limited to, oilfield services and oil or gas pipelines.



For Syria travel only:

20. Please describe any involvement of petroleum or petroleum products of Syrian origin.

I understand that if I travel to Belarus, Cuba, Syria, Sudan, Iran, North Korea, the Crimea and Sevastopol regions, where sanctions are in place, the insurers will be unable to pay for any medical or security assistance.

| Date and Signature of traveller (either electronically or by hand): | |
|--|--|
| | |

I confirm the information provided on this form is, to the best of my knowledge, accurate and truthful.

| Signed: | |
|---|--|
| Position within the University or School: | |
| Date: | |

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Other individuals' personal information - By submitting information to AIG relating to any identifiable individual, the Insured represents that it has authority to provide that personal information to AIG. With respect to any individual about whom the Insured provides personal information to AIG, the Insured agrees: (a) to inform the individual about this Privacy Policy; and (b) to obtain any legally-required consent for the collection, use, disclosure, and transfer (including cross-border transfer) of personal information about the individual in accordance with the Privacy Policy.