The College carries Traveler’s Insurance coverage for members of the College faculty, administration and staff against accidental death during travel and sojourns on the business of the policy holder. This means any trip taken which requires the name of the faculty administration or staff member to be on file with the Human Resources Office of Haverford prior to such a trip, the purpose of such trip to be the furthering of the business of the policy holder.

Such travel is to a point located away from the premises of Haverford in the City of Haverford.

Coverage begins at the actual start of an anticipated trip, whether it be from the assured’s place of employment, his home, or other location. Coverage terminates on his return home or to Haverford College, whichever shall first occur. Commutation travel naturally is excluded.

With respect to flying an aircraft, coverage shall not apply except while riding as a passenger and not as a pilot or crew member unless it is covered or operated by the insured, a member of his household or Haverford College, provided such aircraft is operated by a properly certified pilot who has a current airworthiness certificate and is not being used for fire fighting, pipeline inspection, power line inspection, aerial photography or exploration.

Such coverage applies to all accidents whether riding as a passenger on a bus, train, automobile, helicopter, aircraft, driving a car, being struck by a vehicle or slipping in a bathtub.

Base coverage per person includes: 5 times the annual base salary of the individual involved in the accident with a minimum of $50,000 and a maximum of $100,000. There is a restriction however, that the maximum payment on the policy is $400,000 for any one accident so that not more than 4 faculty members, administrators or staff members should ride in the same aircraft or vehicle.

Each individual traveler should complete the form below and return it to the Business Office prior to the departure on a trip on College business.

Please provide the information requested below to the best of your knowledge and return this form to the Business Office prior to your departure.

Name of Traveler: ____________________________

Date of Departure: ___________ Time: ___________ Destination ____________________________

Means of Transportation: ____________________________

(If Airline, give name of Airline and Flight Number)

Date of Return: ___________ Time: ___________ From: ____________________________

Means of Transportation: ____________________________

(If Airline, give name of Airline and Flight Number)

College Business Trip: ____________________________

Give Name of Department or Office with which it is connected.

Date ___________ Signature of Traveler: ____________________________