GREENLAND/ANTARCTICA TRAVEL AFFIDAVIT

Questionnaire

1. What area of Greenland/Antarctica will you be visiting and what time of year? Be specific:
   
   ______________________________________________________________________________________________

2. Is the travel in conjunction with another entity active in the region?
   
   ______________________________________________________________________________________________

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

4. Where is your permanent residence?
   
   ______________________________________________________________________________________________

5. What is the duration of your visit?
   
   ______________________________________________________________________________________________

6. Are you traveling with a group or by yourself? If in a group, how many participants?
   
   ______________________________________________________________________________________________

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

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

9. Have you read the insurance coverage and do you understand the need to contact the AXA Assistance should the need arise?
   
   ______________________________________________________________________________________________

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

11. Do you have any medical conditions that may cause you to become ill while in Greenland/Antarctica?
    
   ______________________________________________________________________________________________
12. Please describe, in detail, what precautions you have taken to insure that you are able to participate in the Greenland/Antarctica program.

____________________________________________________________________________________

____________________________________________________________________________________

13. 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 understand in the event that you require to be Evacuated from Greenland, you must coordinate your Evacuation with AXA Assistance USA, Inc. You understand that you will not be eligible to submit a claim related to any Evacuation not coordinated or arranged and preapproved by AXA Assistance USA, Inc.

☐ By signing below, you are agreeing that you understand in the event that you require to be Evacuated from Antarctica, you must coordinate your Evacuation with AXA Assistance USA, Inc. You understand that you will not be eligible to submit a claim related to any Evacuation not coordinated or arranged and preapproved by AXA Assistance USA, Inc.

Name: ___________________________ Date of Birth: ___________________________

Phone Number: ______________________ Address: ___________________________

I certify that the above information is true and correct.

SIGNATURE: ______________________ DATE: __________________________

Witness

___________________________________________

Name (print)  Signature

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