NIAGARA CATHOLIC DISTRICT SCHOOL BOARD AIRLINE / TOUR COMPANY / INSURANCE CHECKLIST

This form is to be completed by Principals prior to approving all travel requests by staff and attached to the Request for Overnight Field Trip, Extended Overnight Field Trip and Excursion form.

Prior to approval all travel request by staff, Principals are to clearly understand the answers to the following questions as they apply to individual trip applications.

Principals are to:

- a. record the answers and file responses at the school;
- b. submit the responses with the checklist to your Area Superintendent, if the trip is required to have Superintendent and/or Board approval:
- c. instruct the tour supplier to forward a letter outlining their understanding of the Terms and Conditions prior to any finalization/approval of the trip. (fax copy of checklist to agent if required).

NOTE: When applicable, determine the exact date and time period each policy checked on the following list is in effect and the length of time it remains in effect, (i.e. cancellation of trip without penalty must be made by – date and time; cancellations with fifty-percent refund must be made by – date and time; cancellation done in writing individually or by the entire group signing a letter, etc.)

| AIRLINE SPECIFIC QUESTION CHECKLIST | | |
|---|--|--|
| IATA Airline Carrier | | |
| Cancellation Policy, Notification Procedure and Penalty | | |
| Name Change Penalty | | |
| Final Payment Policy | | |
| Minimum Group for Discount and Bonus Free Travel Voucher Policy | | |
| Seating Reservation Procedure | | |
| Delay or Cancellation Policy and Assistance Provided | | |
| Cancellation Due to Terrorism, Airport Security or War Policy | | |
| Cancellation of Trip by Board Prior to Departure Policy | | |
| Deposit or Payment Refund Policy | | |
| Passenger Re-Routing Policy | | |
| Lost Bag Delay Policy | | |
| Connecting Flight Policy | | |
| Insurance Accident Coverage | | |
| Office in Travel Destination Number | | |
| Fax or Send Copy of all Agreed Terms and Conditions of Trip PRIOR to Approval | | |

| TOUR COMPANY (TRAVEL AGENCY OR WHOLESALER) SPECIFIC QUESTION CHECKLIST | |
|--|--|
| Approved TICO Agency or Company | |
| Assistance Provided for Group While on Trip (24/7) | |
| List of Service Fees Charged for Trip | |
| Best Student Rates | |
| Can Student/Staff Accounts be Checked On-line? | |
| Website for Parents/Guardians to Check on Progress of Group? | |
| Tour Director or Company Manager Name | |
| Cancellation Policy, Notification Procedure and Penalty | |
| Name Change Penalty | |
| Minimum Group Discount and Bonus Free Travel Voucher Number | |
| Delay or Cancellation Policy and Assistance Provided | |
| Cancellation Due to Terrorism, Airport Security or War Policy | |
| Cancellation of Trip By Board Prior to Departure Policy | |
| Deposit or Payment Refund Policy | |
| Passenger Re-Routing Policy | |
| Guaranteed Travel Dates (Departure and Return) Policy (in writing) | |
| Accommodation Policy for Students and Staff if Trip Delayed (Departure or Return) | |
| Change of Published Accommodation Policy | |
| Change of Published Tour Attractions Policy | |
| Change of Published Tour Transportation Policy | |
| Fax or send copy of all agreed Terms and Conditions of Trip PRIOR to approval | |
| INSURANCE (DELUXE PLAN) SPECIFIC QUESTION CHECKLIST | |
| Specifics of Plan for Student and Staff Coverage | |
| Parental Coverage through Other Group (VISA, American Express) – Applicable on Trip? | |
| Coverage for Sickness or Accident Prior to Trip | |
| Coverage for Sickness or Accident While on Trip | |
| Coverage for Death of Family Member Prior to Trip | |
| Coverage for Death While on Trip | |
| Coverage for Death While on Trip | |
| Cancellation for Terrorism, Airport Security Closure or War Coverage for Airline or Tour Company Closure | |
| Fax or send copy of all agreed Terms and Conditions of Trip PRIOR to approval | |
| i i ak or cond copy or an agreed forms and conditions or rip i ritori to approval | |

| Date of Conversation | With (name of person) |
|----------------------|-----------------------|
| | |
| By (name of person) | |
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