

Thank you for choosing the Travel Plus scheme for your travel insurance requirements. Cover will commence as soon as the issuing Broker/Agent has validated this application. This Application form when properly validated will become your Confirmation of Cover and Schedule. You will also be issued with a policy document. Both documents together form your contract of insurance.

**PLEASE REFER TO THE SALES LEAFLET AND THE PREMIUM GUIDE AND COMPLETE THE WHITE BOXES IN BLOCK CAPITALS**

## 1. Applicant

Title  Initials  Surname  Age/DoB\*

Address

Postcode  Telephone No.

Tick this box if you are an Isle of Man or Channel Island resident

## 2. List of all other persons to be insured - attach separate list if necessary

Title	Initials	Surname	Age/DoB*	Title	Initials	Surname	Age/DoB*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Full Date of Birth details are required only for Annual Multi-trip cover, otherwise show current age only

## 3. Single Trip - details of cover required - please note cover cannot be backdated (tick cover options where appropriate)

Cover Type Standard  Premier  Departure Date  /  /  Return Date  /  /  No of Days

Geographical Area Area 1  Area 2  Area 3  Area 4  Destination

Area 1 - Europe / Area 2 - Australia & New Zealand / Area 3 - Worldwide excl. USA, Canada & Caribbean / Area 4 - Worldwide incl. USA, Canada & Caribbean

Late Booking (within 14 days)  Excess Waiver  Cancellation Top-up Cover

Sum Insured Required  One-way Trip  Winter Sports Option

(up to a max £10,000 per person, £20,000 per policy)

Cover Options Delete Baggage & Passport  Delete Cancellation or Curtailment  Delete Medical Expenses

**TOTAL PREMIUM**

Including UK Insurance Premium Tax (IPT) if applicable

## 4. Annual Multi-trip - details of cover required - please note cover cannot be backdated (tick cover options where appropriate)

Cover Type Standard  Premier Plus  Policy Start Date  /  /  **Important:** Cover under the 'Cancellation' section of the policy will only commence from the Policy Start Date selected

Geographical Area Area 1  Area 1, 2 & 3  Area 1, 2, 3, & 4  Excess Waiver

Area 1 - Europe / Area 2 - Australia & New Zealand / Area 3 - Worldwide excl. USA, Canada & Caribbean / Area 4 - Worldwide incl. USA, Canada & Caribbean

Cover Options Delete Baggage & Passport  Delete Cancellation or Curtailment  Delete Medical Expenses

**TOTAL PREMIUM**

Including UK Insurance Premium Tax (IPT) if applicable

## 5. Declarations

**Note :** Your policy is designed to cater for persons who do not have a serious existing medical condition - please refer to the 'Important conditions relating to your health' in the sales leaflet and policy booklet and contact the Medical Screening Line if necessary. You must also advise us of any relevant facts (any fact that is likely to influence the premium or cover to be provided by the Insurers).

**Declaration (Applicant)** I declare that I have read the 'Important conditions relating to your health' both for myself and on behalf of those persons for whom I have arranged cover. I have to the best of my knowledge advised you of all relevant facts. I confirm that there are no circumstances that could be reasonably expected to give rise to a claim.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Issuing Agent's Declaration (if Applicant not present)** I confirm that I have read out the declaration (above) to the Applicant who has confirmed that they fully understand the terms and conditions of the policy and have authorised me to sign it on their behalf.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Validation Stamp**

Date of issue:  
Time of issue:

## 6. Payment Methods - either enclose your cheque or provide credit/debit card details below

Please debit my VISA/MASTERCARD/MAESTRO/DELTA with £ \_\_\_\_\_ Card No

Card Valid From   Card Expiry Date   Issue Number

Cardholder's Signature: \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Postcode \_\_\_\_\_ Daytime Telephone No \_\_\_\_\_