



Application Form Annual Travel Insurance

Premium table....

COVER FOR:	DETAILS OF COVER	PREMIUM EXCL IPT
YOUR FAMILY	The premium shown provides cover for you and your spouse or common law partner (up to the age of 70 years inclusive) including children who are under 18 years old and dependent. We automatically provide cover for Winter Sports up to a maximum of 30 days in any one year	£165
OVER 18'S COVER	Cover for dependent children over the age of 18 can be added for the additional premium shown (per person). This additional premium will allow dependent children who are over the age of 18 to travel unaccompanied.	£50
PEOPLE AGED 71 TO 75	The additional premium shown only applies if you are in good health. Unfortunately, we are unable to offer cover to over 75's.	£40

Who is to be insured....

	Name	Date of Birth	Over 18's Cover Required (✓)
Insured Person 1:			
Insured Person 2:			
Insured Person 3:			
Insured Person 4:			
Insured Person 5:			

Please answer all the following questions in respect to any insured persons....

1. Have you had any accidents, illnesses (other than for minor illnesses such as colds, flu etc.), medical or surgical treatment in the last 12 months? YES: NO:

If YES, please give full details:

NOTE: If you suffer from high blood pressure, please ensure you answer question 7 on the following page.

2. Are you currently taking any medication? YES: NO:

If YES, please provide the names of the drugs taken and the dosages below:

Drug:	Dosage:	Reason:

3. Are you currently suffering any injury, disease or discomfort? YES: NO:

If YES, please give full details:

4. Have you been under medical supervision in the last 12 months? YES: NO:

If YES, please give full details:

5. Have you any reason to think that you may need to undergo medical supervision or a surgical operation in the future? YES: NO:

If YES, please give full reasons and details:

6. Have you had any X-Rays, CAT Scan or MRI Scan (Magnetic Resonance Imaging) in the last 12 months? YES: NO:

If YES, please give full reasons and details:

7. Do you suffer with high blood pressure? YES: NO:

• If YES, is it controlled within normal limits? YES: NO:

• Please state your last 3 blood pressure readings:

1 st :	Date:
2 nd :	Date:
3 rd :	Date:

Please provide a full itinerary of proposed travel for the forthcoming year for any insured person who is 71 or over at the commencement date of the period of insurance:

DECLARATION: Provided the answers to all questions are **NO**, then Underwriters will not require a medical report and this Declaration will form part of the original Proposal and Policy of Insurance. The Underwriters do not bind themselves to accept the proposal or renewal and reserve the right to impose specific exclusions as a result of information disclosed herein.

Until such time as a specific exclusion that has been imposed by Underwriters has been removed, all expiring specific exclusions shall remain in force. Furthermore, an exclusion shall apply in respect of any condition pre-existing at this renewal, whether declared or not, unless advised by the Underwriters to the contrary.

I/We hereby warrant that the answers given are complete, true and have been correctly recorded and I/we have not withheld any information that is likely to influence the decision of the Underwriters.

DATA PROTECTION ACT 1998

I/We hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

Signature:

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Date:

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