TRIP TRAVEL
application form

Cover required: Please tick box (✓)				
Geographical Area	Area 1 ☐	Area 2 ☐	Area 3 ☐	UK ☐
Cover Level	Economy ☐	Premier ☐	Supreme ☐	
Policy Type	Single ☐	Couple ☐	Family ☐	Single Parent ☐
Optional Extensions:	Gadget Cover ☐	Travel Disruption ☐	Wedding / Civil Partnership ☐	
	Winter Sports ☐	Business Plus ☐	Golf Plus ☐	Cruise Plus ☐

Please complete in BLOCK CAPITALS *Full names of all persons to be Insured*	Date of birth	Premium £
1		
2		
3		
4		
5		
6		
7		
Total Premium (Including IPT)		**£**

DECLARATION

On behalf of all insured persons on this policy I declare that, to the best of my knowledge, the information given is true and where required, all medical conditions have been disclosed in line with the Important conditions relating to health requirements. I understand that this application will be the basis of a contract of insurance and that insurers may process and share information with others (for example, other insurers) including data that the Data Protection Act may define as sensitive

Start Date.....End Date:.....

Note: Cover commences from the date of the issue of the policy and is subject to:
(i) a final acceptance by the Insurers who may impose additional terms.
(ii) the receipt of the premiums in full.

Signature

Date of Application / /

Name

Address

Postcode

Telephone No.

Email

Agency Code:
Agency Address

Medical Screening Reference (if applicable)