

INSURER:

Travel Insurance Proposal Form

I. POLICY HOLDER'S DETAILS

First Name: _____

Surname: _____

Gender: M F

Date of Birth: _____

Nationality: _____

Country of Residence: _____

Postal Address: _____

Residential Address: _____

E-mail Address: _____

Telephone Nos.: _____

Have you requested a travel cover within the last two months?: _____

II. TRAVEL DETAILS

Period of Insurance(Annual Policy Only): _____

Departure Date: _____

Return Date: _____

Passport No: _____

Issuing Country: _____

Country of Destination: _____

Other Destinations: _____

Trip Type: Single

Multiple

Next of Kin: _____ Relationship to Applicant & Tel.
No. _____

III. LIST OF ALL PERSONS TO BE COVERED BY THIS TRAVEL INSURANCE POLICY

Full Name	Passport No.	Gender	Birth Date	List any injury/ chronic illness
1.				
2.				
3.				
4.				
5.				

IV. DECLARATION

By signing this Travel Proposal, the policyholder accepts the general conditions and exclusions attached to the policy, certify that the trip type, initial proposed travel date, travel dates, destination and ages of the insureds listed on this application are true and correct and understand that failure to provide correct information may affect this coverage.

Signature of Applicant: _____

Broker/Agent: _____ Date: _____