

PLEASE COMPLETE IN BLOCK CAPITALS, CHECK THE APPROPRIATE BOXES CLEARLY AND INITIAL ANY ALTERATIONS

Proposer's Full Name _____

Postal Address _____ Post Code _____

Telephone Number (Mobile) _____ (Home) _____

Email _____

Additional Contact Information _____

PERSONS TO BE INSURED: _____

PLEASE NOTE THAT COVERAGE IS NOT AVAILABLE FOR PERSONS AGED 75 OR OVER, AND CLAIMS WILL NOT BE PAID FOR CANCELLATION / CURTAILMENT OF YOUR TRIP IF THEY RESULT FROM AN EXISTING MEDICAL CONDITION OF A PERSON WHETHER THAT PERSON IS TRAVELLING OR NOT.

HOLIDAY DETAILS (Please note that Standard Cover excludes Winter Sports and certain other hazardous activities)

From MM/DD/YYYY _____ To MM/DD/YYY _____

where are you travelling? _____

ABOUT THE TRAVELLERS

- A) Are any person names above suffering from an illness or disability or have they received any medical advice or treatment during the past three years? Yes No
- B) Do you know of any medical reason at the present time why the journey or holiday may have to be cancelled or curtailed? Yes No
- C) Have any of the persons listed above suffered loss from any of the risks that they now want to insure? Yes No

If you have answered "Yes" to any of these questions, please give details below and note that coverage will be subject to approval by insurers.

ADDITIONAL INFORMATION

IMPORTANT - The answers you have given above will usually provide us with sufficient information to consider this proposal form. However, because no list of questions can be exhaustive, please consider carefully whether there is any further information known to you that could influence our acceptance and assessment of the risk. Material information would include any special feature of the policyholders that might make losses more likely to happen or more serious if they do. Please disclose to us on a separate sheet of paper any such information, even if you have doubts as to whether it is material or not, as failure to do so could invalidate our policy. Before signing the Declaration below, please check your answers carefully, particularly if the Proposal Form is not completed in your hand.

DECLARATION

I declare that to the best of my knowledge and belief, that the answers above are true and all material information as explained above has been disclosed. I agree that if any answer had been written by any other person, such person shall for that purpose be regarded as my agent and not the agent of the Insurers. I agree that this Proposal is for insurance under the normal terms and conditions of the Insurer's policy and shall be incorporated in and form the basis of the insurance contract.

Print Name: _____

Signature: _____

Date: _____