

Adventures Application 2018/19

Thank you for choosing the Adventures scheme for your travel insurance requirements. You will be issued with a Policy Wording and Schedule of Insurance once this application is completed and cover is accepted.

PLEASE REFER TO THE POLICY WORDING FOR IMPORTANT CONDITIONS RELATING TO HEALTH & MEDICAL SCREENING AND COMPLETE THE BOXES BELOW IN BLOCK CAPITALS

1. Applicant

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	Age/DoB*	<input type="text"/>
Address <input type="text"/>							
<input type="text"/>							
<input type="text"/>				Postcode	<input type="text"/>	Telephone No.	<input type="text"/>

☐ 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. Details of cover required (please note cover cannot be backdated)

SINGLE TRIP		ANNUAL MULTI-TRIP	
Departure Date	<input type="text"/>	Policy Start Date	<input type="text"/>
Return Date	<input type="text"/>	Important: Cover under the 'Cancellation' section of the policy will only commence from the Policy Start Date selected.	
No. of Days	<input type="text"/>		

4. Other cover options (please tick appropriate boxes)

Part A only	<input type="checkbox"/>	Parts A & B	<input type="checkbox"/>	Parts A, B & C	<input type="checkbox"/>	Adventures Category (e.g. 1, 2 etc.)	<input type="text"/>																		
Activity(ies) (in full)	<input type="text"/>																								
Areas	<table><tr><td>Area 1 UK (England, Scotland, Wales, Northern Ireland)</td><td><input type="checkbox"/></td></tr><tr><td>Area 2 Europe (excluding Israel, Syria, Lebanon)</td><td><input type="checkbox"/></td></tr><tr><td>Area 3 Worldwide (excluding USA, Canada, Caribbean)</td><td><input type="checkbox"/></td></tr><tr><td>Area 4 Worldwide (including USA, Canada, Caribbean)</td><td><input type="checkbox"/></td></tr></table>						Area 1 UK (England, Scotland, Wales, Northern Ireland)	<input type="checkbox"/>	Area 2 Europe (excluding Israel, Syria, Lebanon)	<input type="checkbox"/>	Area 3 Worldwide (excluding USA, Canada, Caribbean)	<input type="checkbox"/>	Area 4 Worldwide (including USA, Canada, Caribbean)	<input type="checkbox"/>	<table><tr><th colspan="2">Premiums</th></tr><tr><td>Part A</td><td>£</td></tr><tr><td>Part B</td><td>£</td></tr><tr><td>Part C</td><td>£</td></tr><tr><td>TOTAL</td><td>£</td></tr></table>	Premiums		Part A	£	Part B	£	Part C	£	TOTAL	£
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Area 4 Worldwide (including USA, Canada, Caribbean)	<input type="checkbox"/>																								
Premiums																									
Part A	£																								
Part B	£																								
Part C	£																								
TOTAL	£																								
Destination	<input type="text"/>						Including UK Insurance Premium Tax (IPT) if applicable																		

5. Declarations

Note: If you have an existing medical condition, a medical screening service is available – please refer to the Medical Screening Questions on page 3 of the policy wording. You must take care to answer all questions honestly and to the best of your knowledge and not to make a misrepresentation of the facts that could influence us in accepting your insurance.

Declaration (Applicant) I declare that I have read the Medical Screening Questions 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 facts that could influence the acceptance of this insurance.

I confirm that I am registered with a Medical Practitioner and permanently residing in the United Kingdom, Channel Islands or Isle of Man.

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 _____

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

Please debit my VISA / MASTERCARD with £	<input type="text"/>	Card No	<input type="text"/>
Card Valid From	<input type="text"/>	Card Expiry Date	<input type="text"/>
Address (if different from above)		Daytime Telephone No	
<input type="text"/>		<input type="text"/>	
Postcode		Cardholder's Name	
<input type="text"/>		<input type="text"/>	
		Cardholder's Signature	
		<input type="text"/>	