

Annual Travel Insurance Questionnaire

Name of Business & or Individual/s	
Contact Name:	
Address:	
Telephone:	
Fax:	
Email:	
Website:	
Year Business Established:	
Nature of Business Activities:	
No of Employees/ Persons Travelling for who cover is required. If named individuals please specify full names and Dates of Birth	
Are all Travellers UK Residents? If no, please give details:	
Are all Travellers UK Nationals? If no, please give details:	
Is all Travel emanating from UK offices? If no, please give details:	
If Cover for overseas offices is required, please complete a separate questionnaire for each office	
Do you wish to include Cover for holiday/ leisure travel? If so, please complete the leisure travel pattern below:	

Business trips for all travellers:

	UK	Europe	USA	Worldwide
Number of Trips				
Average duration				
Maximum duration				

Leisure trips for all travellers:

	UK	Europe	USA	Worldwide
Number of Trips				
Average duration				
Maximum duration				

For all types of travel:

Maximum number of persons travelling together:	
Travel to disturbed areas:	

Health:

Please detail below any material facts relating to Health and/or fitness to Travel. Further detailed information may be required.

Activities

Please detail any sports or hazardous activities that you would like a quotation to cover:

Previous claims experience:

Type of Claim	Amount of Claim	Year of Claim

Existing Insurer:	
Existing Premium:	

I confirm the above information is a true and accurate reflection of our travel insurance requirements upon which to base our quotations. This form is purely to gather information and does not imply any cover. Cover only applies if we provide a quotation and you accept that quotation in writing.

Signed on behalf of: _____ Dated-----