

TRAVEL INSURANCE PROPOSAL FORM

NAME OF INSURED:

DATE OF BIRTH:

PASSPORT NO:

SEX:

TELEPHONE NO:

EMAIL ADDRESS:

ADDRESS (HOME):

ADDRESS (OFFICE):

OCCUPATION:

TRAVEL DESTINATION:

PERIOD OF INSURANCE:

DEPARTPTURE DATE:

RETURN DATE:

PURPOSE OF TRIP:

DECLARATION:

1. I am not aware of any circumstances likely to lead to the cancellation of the journey nor have i withheld any information likely to affect the acceptance of this insurance and i will notify the company of any change in circumstances or health occurring to departure.
2. I declare that the purpose of this trip is not for therapeutic purposes
3. I declare i am in a good state of health fit to travel as confirmed by a qualified Medical Practitioner. Pre-existing conditions are excluded.
4. I accept the level of cover chosen.
5. Subject to terms and conditions of the policy wordings.

I hereby declare that the above representations are to the best of my knowledge true and should form the basis of the contract of insurance.

INSURED'S SIGNATURE:.....

DATE: