# Groups Application Form

## Applicant

Applicant's name _____

On behalf of _____

_____

Address _____

Postcode

## Cover required (tick boxes as applicable)

**Date of Cover:**

Single Trip: _____ days from _____/_____/_20_____ Winter Sports Required ☐ Yes ☐ No

Whole School Insurance: from _____/_____/20_____

**Areas:** United Kingdom ☐ Europe ☐ Worldwide ☐ **Note:** Channel Islands residents travelling into the UK : tick Europe box

**PLEASE ATTACH A LIST OF PERSONS FOR WHOM COVER IS REQUIRED** ☐ ✓ ATTACHED

## Premium Summary

**Single Trip Policy (Minimum 10 people) - please enter the number of people in each category**

| | | |
|---|---|---|
| _____ Infants (under 4 years) | FREE | FREE |
| _____ Children (under 18/23 years, see page 3) | @ £ _____ | £ _____ |
| _____ Adults (under 65 years) | @ £ _____ | £ _____ |
| _____ Adults (aged 65 to 75 years) | @ £ _____ | £ _____ |
| | **Total** | £ _____ |
| | **Less** _____ **% Group Discount** | £ _____ |
| | **TOTAL PREMIUM DUE** | £ |

**Whole School Insurance** _____ Pupils @ £ _____ **TOTAL PREMIUM DUE** £

**Note:** Your policy may not provide cover for re-occurring or pre-existing medical conditions. Please see the **Medical Declaration** on page 5. You must also advise us of any material facts (any fact that is likely to influence the premium or cover to be provided by the Insurers).

**Declaration** - I declare that I have read the **Medical Declaration** 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 material facts. I confirm that there are no circumstances that could be reasonably expected to give rise to a claim.

Signed Date

## PAYMENT BY VISA / MASTERCARD / MAESTRO / DELTA

Please debit my card with £ _____

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | |

CARD NUMBER

CARD VALID FROM | | | | | CARD EXPIRY DATE | | | | ISSUE NUMBER | |

Cardholder's Signature _____

Cardholder's Name _____

Address (if different from above) _____

_____

_____ Postcode _____

Daytime telephone number _____

Issuing Agent / Broker