

Thank you for choosing the Adventures scheme for your Travel Insurance requirements. Cover will commence as soon as the Issuing Agent has validated this application. This Application Form when properly validated will become your Confirmation of Cover and Schedule. You will also be issued with the full Policy Wording. Both these documents form your Insurance Policy. Your attention is drawn to the **MEDICAL CONDITIONS AND MATERIAL FACTS WARRANTY** (please refer to the Adventures Sales leaflet).

**PLEASE REFER TO THE NOTES IN THE SALES LEAFLET. YOU MUST COMPLETE THE WHITE BOXES IN BLOCK CAPITALS**

## 1. Applicant

Title  Initials  Surname  Age/DoB\*

Address:

Postcode  Telephone No.

Tick box if I.O.M/Channel Isle resident (14.9% reduction)

## 2. List of all other persons to be insured

Title	Initials	Sur name	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 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"/> Return Date <input type="text"/>	Policy Start Date <input type="text"/> / <input type="text"/> / <input type="text"/> 20
No. of Days <input type="text"/>	<b>Important:</b> Cover under the 'Cancellation' section of the policy will only commence from the Policy Start Date selected.

## 4. Other cover options (please tick appropriate boxes)

Part 'A' only  Parts 'A & B'  Adventures Category (e.g. i, ii etc.)

Activity(ies) (in full)

Areas	Area 1 UK	Area 2 Europe <small>(excluding Israel, Syria, Lebanon)</small>	Area 3 World Wide <small>(excluding USA, Canada, Caribbean)</small>	Area 4 World Wide	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cancellation Top-up cover? If Yes, additional Sum Insured required  £

Premiums	
Part 'A'	£ <input type="text"/>
Part 'B'	£ <input type="text"/>
Cancellation Top-up premium	£ <input type="text"/>
<b>Total</b>	£ <input type="text"/>

## 5. Payment methods – either enclose your cheque or provide credit card details below

Please debit my **SWITCH (MAESTRO) / VISA / MASTERCARD** with £

Card No

Card Valid From   Card Expiry Date   **SWITCH (MAESTRO) CARD** Issue Number

Authorised Signature: \_\_\_\_\_ Cardholders Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

## 6. Declarations

**Declaration (Applicant)** I declare to the best of my knowledge and belief I have advised you of all material facts (any fact which is likely to influence the rate or cover to be provided by the Underwriting Agents) and that I have read the **MEDICAL CONDITIONS AND MATERIAL FACTS WARRANTY**. I understand that you may exchange information with other insurers or their agents to check the answers I have provided and you have my authority to do so.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

**Issuing Agent's Declaration (if applicant not present)** I confirm that I have read out the declaration (opposite) 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 \_\_\_\_\_

**Validation Stamp**

Date of issue: \_\_\_\_\_