

Thank you for choosing the Adventures scheme for your travel insurance requirements. Cover will commence as soon as the issuing Broker/Agent has validated this application. This Application Form when properly validated will become your Confirmation of Cover and Schedule. You will be issued with a policy wording. Both documents together form your contract of insurance.

PLEASE REFER OVERLEAF TO THE MEDICAL CONDITIONS & MATERIAL FACTS WARRANTY AND COMPLETE THE WHITE BOXES BELOW IN BLOCK CAPITALS

1. Applicant

Title Initials Surname Age/DoB*

Address

Postcode Telephone No.

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"/> / <input type="text"/> / <input type="text"/>	Return Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Policy Start Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
No. of Days <input type="text"/>		Important: 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		Premiums	
<input type="checkbox"/> Area 1 UK (England, Scotland, Wales, Northern Ireland)	<input type="checkbox"/> Area 2 Europe (excluding Israel, Syria, Lebanon)	Part 'A'	£
<input type="checkbox"/> Area 3 Worldwide (excluding USA, Canada, Caribbean)	<input type="checkbox"/> Area 4 Worldwide	Part 'B'	£
<input type="checkbox"/> Cancellation Top-up cover (Single Trip only)		Cancellation Top-up	£
<input type="checkbox"/> Activity Equipment Top-up cover (Single Trip only)		Activity Equipment Top-up	£
		Total	£

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 overleaf. 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 Underwriters).

Declaration (Applicant) I declare that I have read the Medical Screening Questions overleaf 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. 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 _____

Validation Stamp

Date of issue: _____

Time of issue: _____

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

Please debit my **VISA/MASTERCARD/MAESTRO/DELTA** with £ _____ Card No

Card Valid From Card Expiry Date Issue Number

Cardholder's Signature _____ Cardholder's Name _____

Address (if different from above) _____

Postcode _____ Daytime Telephone No _____

Medical Conditions & Material Facts Warranty

You will NOT be covered

- For any trip where at the time of taking out this insurance (and in the case of Annual Multi-trip at the time of booking each trip), the person whose condition gives rise to a claim:
 - is waiting for an operation, hospital consultation (other than for regular check-ups for a stable condition) or other hospital treatment or investigations, or are awaiting the results of any tests or investigations; or
 - has received a terminal prognosis; or
 - is travelling against medical advice or for the purpose of obtaining treatment.

Note: The above exclusion applies not only to you, but also to close relatives or other non-travellers on whom the trip depends.

- For any trip where at the time of taking out this insurance (and in the case of Annual Multi-trip at the time of booking each trip) you answer 'YES' to any of the 'Medical Screening Questions' and fail to contact the Medical Screening Line.

Note: If your trip is within the United Kingdom you do not need to contact us.

Medical Screening

If you need to telephone the Medical Screening Line, (see below for details) you will be asked simple questions about your medical condition, medication, trips to the doctors, and other related matters.

If, as a consequence of your call, we wish to impose special terms, such as an additional premium or higher policy excess, these will be advised to you immediately and confirmed in writing. You will also be advised of a medical screening reference, which you should keep a record of.

Telephone the Medical Screening Line on
0845 230 5555

between the hours of 8.00am and 6.00pm Mondays to Fridays, to confirm acceptability of cover

We may wish to impose special terms, such as an additional premium.
(Please note: Mondays are normally very busy. You may prefer to call at other times)

Medical Screening Questions

Important - not applicable if your trip is within the United Kingdom

