

Thank you for choosing the Longstay & Backpacker 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 TO THE SALES LEAFLET AND COMPLETE THE WHITE BOXES IN BLOCK CAPITALS**

**1. Applicant**

Title  Initials  Surname  Age

Address   
  
 Postcode

Occupation  Telephone No.

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

Title	Initials	Surname	Age	Title	Initials	Surname	Age
<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"/>

**3. Details of cover required (please note cover cannot be backdated)**

Longstay  months  commencing  /  /20 Area No

Backpacker

(please tick the appropriate box)

Area 1 = Europe  
 Area 2 = Australia / New Zealand  
 Area 3 - Worldwide *excluding* the United States of America, Canada and the Caribbean  
 Area 4 - Worldwide *including* the United States of America, Canada and the Caribbean

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

**Additional Activity Extension** (see page 18 of your policy wording)  **Stop-over in higher rated area option** (to extend beyond policy limit of 7 days to 31 days in total)

**Excess Waiver option**  **Delete Personal Possessions cover**

**Total Premium**

£

Including UK Insurance Premium Tax (IPT) if applicable

**5. Declarations**

**Note :** Your policy may not provide cover for re-occurring or pre-existing medical conditions - please refer to the Medical Declaration in the Sales Leaflet. 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 (Applicant)** 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.

I confirm that I am a resident of the UK or the Channel Islands and I have not spent more than six months abroad in the last twelve months.

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 \_\_\_\_\_