

Travel Plus Adventures Application and Schedule

Applicants Copy

Certificate No. TPA

Thank you for choosing the Travel Plus Adventures scheme for your Travel Insurance requirements. Cover will commence as soon as the Issuing Agent has validated this application. Your attention is drawn to the MEDICAL SCREENING details and the IMPORTANT NOTICE overleaf.

PLEASE COMPLETE THE WHITE BOXES IN BLOCK CAPITALS

1. Applicant

Title Initials Surname Age/DoB*

Address:

Post-Code Telephone No.

Tick box if I.O.M /Channel Isles resident ___ (14.9% premium deduction)

2. List of all other persons to be insured

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 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"/> 200
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: Area 1 UK Area 2 Europe
(excluding Israel, Syria, Lebanon)

Area 3 World Wide Area 4 World Wide
(excluding USA, Canada, Caribbean)

	Premiums
Part 'A'	£ <input type="text"/>
Part 'B'	£ <input type="text"/>
Total	£ <input type="text"/>

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

Please debit my SWITCH/VISA/MASTERCARD with £

Card No

Card Valid From Card Expiry Date SWITCH CARD Issue Number

Authorised Signature: _____ Cardholder's 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 Important Notice-Medical Conditions and Material Facts overleaf. 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: _____

Travel Insurance

This Application Form when properly validated will become your Confirmation of Cover and Schedule. You will also be issued with a booklet giving the full Certificate wording. Both documents together form your Insurance Certificate.

IMPORTANT MEDICAL CONDITIONS AND MATERIAL FACTS

Underwriting Agents shall not be liable for claims:

1. 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:
 - a) is receiving, or is on a waiting list for in-patient treatment in a hospital or nursing home; or
 - b) has received a terminal prognosis; or
 - c) is travelling against medical advice or for the purpose of obtaining treatment; or
 - d) is expected to give birth before or within fourteen weeks of the date of arrival home;
 - e) is suffering or has suffered, from any diagnosed psychiatric disorder, anxiety of depression.

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

2. For trips outside your home country where at the time of taking out this insurance (in the case of Annual Multi-trip at the time of booking each trip) you answer "yes" to any of the 'Medical Screening Questions' below, and fail to contact the Medical Screening Line.

Medical Screening

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

In the majority of cases, cover is provided under normal terms. If, as a consequence of your call, we wish to impose special terms, these will be advised to you immediately, and confirmed in writing.

Medical Screening Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| i) Within the last year have you been treated as a hospital in-patient or been under the care of a specialist consultant (including being referred)? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Have you ever been treated for a breathing or heart related condition (including angina)? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Have you ever been diagnosed with cancer? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered **No** to all questions you do not need to call the Medical Screening Line

If you have answered **Yes** to any of the questions please telephone the Medical Screening Line on **0845 230 5555** between the hours of 9.00am to 5.00pm Monday to Friday to confirm cover.

Note: You **do not need** to phone the Medical Screening Line if your trip is within the United Kingdom, or if you only have **one** of the following conditions: high blood pressure/hypertension; gall stones; gall bladder removal; gout; cataracts; hernia or benign lumps.

IMPORTANT NOTICE

Your travel insurers have to bring to your attention some of the important features of your travel insurance certificate:

- **Certificate of Insurance:** this contains full details of the cover provided plus the conditions and exclusions that apply to it. **You must read the certificate of insurance carefully.**
- **Certificate Excesses:** claims under most sections of the certificate will be subject to an excess. Where there is an excess, you will be responsible for paying the first part of a claim.
- **Certificate limits:** most sections of the certificate have limits on the amount the Insurer will pay under that section. Some sections also include inner limits e.g: for one item, or for valuables in total.
- **Complaints:** the insurance certificate includes a Complaints Procedure which tells you what steps you can take if you wish to make a complaint.
- **Conditions, Exclusions and Warranties:** there are conditions and exclusions which apply to individual sections and general conditions, exclusions and warranties which apply to the whole certificate.
- **"Cooling Off" Period:** your certificate contains a "cooling off" period which allows you to return the certificate and obtain a full refund if you have justifiable reason to be dissatisfied with the cover provided.
- **Fraudulent Claims:** the making of a fraudulent claim is a criminal offence. Your insurers may be recording details of claims on an anti-fraud register.
- **Medical Expenses:** Please note this section does not provide private health care unless specifically approved by the emergency service.
- **Health:** the certificate contains conditions relating to the health of the people travelling and others upon whose well being the trip may depend. It may be that you are required to disclose the condition of such people prior to cover being issued and you must be aware that failure to disclose such matters will prejudice your position. Please use this service to ensure you are fully protected.
- **Pregnancy:** This policy does not cover pregnancy where the insured Person is expected to give birth before or within 14 weeks of the date of arrival home.
- **Property Claims:** these are settled on an indemnity basis – not on a "new for old" or replacement cost basis, unless otherwise stated in the certificate.
- **Reasonable Care:** you are required to take all reasonable care to protect yourself and your property and to act as though you are not insured.
- UK Law allows the parties to choose the law applicable to the contract. The contract will be subject to English Law unless otherwise agreed

CLAIM FORM REQUEST: To obtain a Claim form please return this Schedule to:-

Travel Plus Adventures Claims Section, PJ Hayman & Company Ltd, Stansted House, Rowlands Castle, Hampshire PO9 6DX.

Name: Address:

Type of claim: (Please tick) Cancellation/Curtailment Medical/Repatriation Expense Personal Possessions

Money/Loss of Travel Documents Travel Disruption/Delay Delayed Baggage Legal Expenses

Personal Accident Personal Liability Activity Equipment Other please specify _____