

Longstay & Backpacker Travel Insurance Application and Schedule

Schedule No. _____

Applicants Copy

Thank you for choosing Longstay & Backpacker for your Travel Insurance requirements. Cover will commence as soon as the Issuing Broker/Agent has validated this application. Your attention is drawn to the IMPORTANT NOTICE overleaf.

PLEASE COMPLETE IN BLOCK CAPITALS

1. Applicant

Name

Address

Post Code

Occupation Tel:

2. 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 **Area No***
or (please tick as appropriate) **months** **commencing** / /20
Backpacker

1 = Europe 2 = Australia/
New Zealand 3 = Worldwide

4. Other cover options (please tick appropriate boxes)

<input type="checkbox"/> Additional Activity cover (see back page of certificate)	<input type="checkbox"/> Return Home option (up to 2 trips home- max 31 days per trip)	<input type="checkbox"/> Stop-over in Higher rated Area option (to extend beyond policy limit of 7 days to 31 days in total)	Total Premium £ _____
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5. Payment methods – either enclose your cheque or provide credit cards 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

<p>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 Insurers) and that I have read and understood the 'Material Facts' and 'Important Notice' 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.</p> <p>Signed _____</p> <p>Date _____</p>	<p>Issuing Agent's Declaration (if applicant not present) I confirm that I have read out the declaration (opposite) to the Applicant who had confirmed that they fully understand the terms and conditions of the policy and have authorised me to sign it on their behalf.</p> <p>Signed _____</p>	<p>Office Use</p> <p>Date of issue: _____</p>
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LONGSTAY & BACKPACKER TRAVEL INSURANCE 2004/5

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 Policy wording (in the case of company policies certificate booklets will be provided per employee). Both documents together form your Insurance Policy.

MATERIAL FACTS

The policy does not cover any health condition where you have been in hospital or have seen a specialist in the last 2 years, or where you have had a heart related problem, a stroke, cancer, diabetes, breathing problems or any psychological condition. Cover may be available on application, but only after you have purchased this insurance, by telephoning Travellers Healthcheck on 08456 582 999.

You must also contact Travellers Healthcheck if you have anyone not insured on this insurance who may make it necessary for you to cancel or cut short your trip. Travellers Healthcheck will confirm any additional cover in writing.

You MUST tell us all material facts. A material fact is a fact which is likely to influence us in the acceptance of the insurance. If you are in any doubt as to whether a fact is material then for your own protection you should tell us.

IMPORTANT NOTICE

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

- **Insurance Policy:** this contains full details of the cover provided plus the conditions and exclusions that apply to it. **You must read the insurance policy carefully.**
- **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 that 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.
- **Hazardous Holiday Activities:** the certificate may not cover you when you take part in certain hazardous activities e.g. parachuting. If you want cover for such activities you may need to pay an additional premium or arrange a specialist policy.
- **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.
- **Medical Expenses:** this section does not provide private health care unless specifically approved by the emergency service.
- **Policy Excesses:** claims under most sections of the policy will be subject to an excess. Where there is an excess you will be responsible for paying the first part of a claim.
- **Policy Limits:** most sections of the policy 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.
- **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 is subject to English Law unless otherwise agreed.

CLAIM FORM REQUEST: To obtain a claim form please return this Schedule (or a copy) to:-

Travel Risk Management, Barclay House, 35 Whitworth Street West, Manchester M1 5NG

Name: Address:

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

Money/Loss of Travel Documents Missed Departure Delayed Baggage Legal Expenses

Personal Accident Personal Liability Other please specify _____

Underwritten by: Union Reiseversicherung AG

UK Address: Judd House, 16 East Street, Tonbridge, Kent, TN9 1HG

Data Protection Act

Information on this form together with any further information concerning your policy will be shared between PJ Hayman Limited and our selected insurance service provider(s) and will be dealt with in accordance with the requirements of the Data Protection Act 1998. By signing this form you are giving us consent to use the information to administer your cover. Personal information (excluding medical information) may be disclosed to third parties involved in the administration of your cover, the settlement of claims or to detect and prevent fraud.

You can ask for a copy of the personal information that we hold about you. In return we may charge a small administration fee to provide you with a copy of this information. If you have a query or complaint relating to data protection or require a copy of the personal information we hold about you please write to: the Director, P J Hayman and Company Limited, Stansted House, Rowlands Castle, Hants PO9 6 DX.