

SINGLE TRIP TRAVEL INSURANCE PROPOSAL FORM

A flexible overseas travel package to suit either the individual traveller or the family and provides you with the cover you need for holidays or overseas non - manual business trips. Holidays are covered in the UK only when you stay at least 2 nights in pre-booked accommodation.

Table of Benefits

	Applicable to each Insured Person	Limit of Cover	Excess
1.	Cancellation & Curtailment	Up to £3,000	£50 Excess
2.	Personal Accident	Up to £25,000	No Excess
3.	Medical & Other Emergency Expenses	Up to £5,000,000	£50 Excess
4.	Hospital Benefit	£50 per day up to a max of £1,000	No Excess
5.	Baggage & Personal Effects	Up to £1500	£50 Excess
6.	Personal Money	Up to £750 (cash limit £250)	£50 Excess
7.	Travel Delay	Up to £3000	No Excess
8.	Missed Departure	Up to £300	No Excess
9.	Personal Liability	Up to £2,000,000	No Excess
10.	Legal Expenses	Up to £25,000	No Excess
11.	Hijack, Mugging, Assault	Up to £1,000	No Excess

Principal Conditions Relating to this Application

- At the time of taking this insurance an Insured Person must not be aware of any reason why a holiday or trip might be cancelled
- An Insured Person must not travel against medical advice or whilst receiving, seeking or awaiting medical treatment.
- Insured Persons must exercise reasonable care in the supervision of their insured property.
- At the time of application you must be a U.K. resident
- Family cover is limited to spouse (or partner) and all unmarried dependant children aged under 19 and living at the applicant's permanent U.K. address.
- Children are only covered when travelling accompanied by their own parent(s) unless such child is aged under 19 and travelling under direct supervision of a teacher or similarly qualified professional whilst on an officially organised school trip outside the U.K.
- There is no cover provided under the insurance for any travel involving manual work.
- Any person aged over 65 at inception of the insurance is not covered. Please refer to Harrison Beaumont

Geographical Limits

Europe: Meaning. The British Isles including the Channel Islands, the Republic of Ireland, the Azores, Canary Islands, Iceland, Madeira, Russia (west of the Ural Mountains) and all countries bordering the Mediterranean Sea (except Algeria, Israel, Lebanon, Libya and Syria)
Worldwide: Meaning anywhere in the World.

Single Trip Travel Rates (Exclusive of IPT)

Trip Duration	Adult		Child		Family	
	Europe	Worldwide	Europe	Worldwide	Europe	Worldwide
Up to 5 days	£12.72	£31.49	£ 5.91	£16.17	£33.99	£ 78.30
6-10 days	£17.82	£37.45	£ 8.46	£20.42	£46.76	£ 93.62
11-17 days	£19.53	£47.66	£ 9.31	£23.83	£51.87	£118.30
18-24 days	£24.63	£56.17	£11.87	£28.08	£63.78	£139.57
25-31 days	£27.19	£58.71	£13.57	£29.79	£71.44	£147.23
Each additional week or part up to 180 days	£ 5.95	£13.62	£ 2.56	£ 6.81	£16.17	£ 34.03

To exclude Sections 5 & 6 Baggage and Money, deduct 20% from the above rates.

- FURTHER RATING FACTORS**
- FAMILY** – up to 2 adults aged under 65, plus all their children aged under 19 who live permanently with them
- AGE** (not applicable to a FAMILY RATE)

Under 16 - the Adult rate to apply if the child is not accompanied by an Adult who is also proposed as an Insured Person

16 to 64 - Adult rate as above

65 to 75 - Double the above rates

- WINTER SPORTS** – to include winter sports in respect of anyone under 65, load any relevant rate above by 100%, and indicate on the proposal that the cover is required.
- WINTER SPORTS DEFINITION** – dry-slope skiing, alpine skiing, glacier skiing, snow skiing, snow boarding, langlauf or Nordic Skiing, bobsleighting, luge, mono-skiing, ski-bobbing, skidoo, ice skating, ice hockey, curling and tobogganing.

Hazardous Sports

In the box below please include details of any sports or activities of a hazardous nature you may be participating in during your trip. Please also enter the relevant category code from the attached sheet. There may be an additional charge to cover you for these activities – details are overleaf. Examples of hazardous sports and activities could include Safari, Rock Climbing, Races, Trekking or Team Sports.

Principal Exclusions which operate:-

War, terrorism and related risks; hazardous leisure activities (full details on application); claims arising from any pre-existing defect, infirmity or condition for which the Insured Person is receiving regular medical treatment, advice or consultation at the time of effecting this insurance; in unattended vehicles, there is no cover at all for loss of money/credit cards and limited protection against loss of other belongings.

Important Notes

- Sections 1 and 3 do not cover any claim arising from any pre-existing defect infirmity or condition for which an insured person is receiving regular medical treatment, advice or consultation at the time of effecting the insurance; nor from cancellation or curtailment due to any condition or set of circumstances which at the time are or should reasonably be within an Insured Person's knowledge or belief and which could reasonably have been expected to give rise to the cancellation or curtailment
- This insurance will not provide cover if any Insured Person or close relative on whose wellbeing the travel plans may depend, has, at the time of taking out the insurance or commencing a trip:
 - Received a terminal prognosis, or
 - Been advised against travelling by a registered qualified medical practitioner, or
 - Been receiving or on a waiting list to receive in-patient treatment or awaiting such treatment, or
 - Intended to obtain medical treatment abroad during the trip

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How to apply: Complete the proposal form below and send it with your cheque for the total premium or credit/debit card details to **Airports Insurance Bureau Limited, 48 Alexandra Road, Cowes, Isle of Wight, PO317JT** Fax/Tele No. 01983 298480.
Email: airports@bhpa.co.uk

NO COVER WILL BE IN FORCE UNTIL THESE ARE RECEIVED AND ACCEPTED UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.

APPLICATION FORM (valid from 1 ST January 2006 until further notice) – Please complete in block capitals						
Name of Applicant (state Mr/Mrs/Ms/Miss):						
Home Address:						
Postcode:		Occupation:				
E-mail address:			Geographical Area (enter Europe or Worldwide):			
Period of trip from		to		Daytime telephone number:		
OPTION A – Do you wish to include family premium?				YES/NO		
OPTION B – Do you wish to delete Baggage and Money Sections?				YES/NO		
Do you wish to include Winter Sports?				YES/NO		
STATE PLANNED ACTIVITY(IES):						
Higher category increase:		Category 0 = nil; Category 1 = 25%; Category 2 = 50%; Category 3 = 100%; Category 4 = 200%; Category 5 = Refer to Airports; Category 6 = 150%				
Names of all persons to be Insured (state Mr/Mrs/Ms/Miss)		Date of Birth	Standard Premium	Higher category increase (if applicable)	Premium per Individual	Family Premium
1.					= £	
2.					= £	
3.					= £	
4.					= £	
OPTION A - SUB TOTAL OR FAMILY PREMIUM					= £	£
OPTION B - To delete sections 5 and 6 – deduct 20%					- £	£
PREMIUM LOADING for sports and activities					+ £	£
Add 17.5% INSURANCE PREMIUM TAX					+ £	£
TOTAL					= £	

If you wish to pay by Mastercard/Visa/Eurocard/Delta/Connect/Switch there is a £2 additional charge to be added to the premium.

Debit/Credit Card Number	Expiry Date	Issue No (Switch only)

Please make cheques payable to Airports Insurance Bureau Limited.

This insurance is underwritten by Axiom Underwriting Agency Limited for and on behalf of certain Underwriters at Lloyd's and authorised insurers. Axiom Underwriting Agency Limited. Registered Office: The Rose Barn, Langley Park, Sutton Road, Maidstone, ME17 3NQ. Registered in England and Wales No. 5547227.

Authorised and regulated by the Financial Services Authority (FSA Number 441460).

This Certificate is subject to English Law.

COMPLAINTS PROCEDURE

Any enquiry or complaint should be addressed in the first instance to the issuing Agent. If you are not satisfied with the way a complaint has been dealt with please write, quoting the Certificate Number shown in the Schedule to: The Managing Director, Axiom Underwriting, The Rose Barn, Langley Park Farm, Sutton Road, Maidstone ME17 3NQ

Should you remain dissatisfied you are entitled to take your complaint to: Complaints Department, Lloyd's, 1 Lime Street, London EC3M 7HA

If your complaint remains unresolved you can request that the matter be referred to: The Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR

RIGHT TO CANCEL

You will for a period of 14 days from the date you receive your insurance documentation, have a right to cancel this Certificate and receive a refund. This refund will be subject to a charge for the period of cover you have received, plus our reasonable administration charges. To exercise your right to cancel you must contact Harrison Beaumont Insurance Services.

DATA PROTECTION NOTICE

It is understood by the Insured Person that any information about them, which may include sensitive data (medical history, criminal convictions), will be processed by their Agent, the Insurer and Harrison Beaumont Insurance Services Limited in compliance with the Data Protection Act 1998 and only for the purposes of providing insurance cover and handling any claims. This may necessitate providing such data to third parties.

FINANCIAL SERVICES COMPENSATION SCHEME (F.S.C.S.)

All policies issued in the UK by Axiom Underwriting for individual customers or small businesses are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the scheme if your insurer cannot meet its obligations (e.g. if it goes out of business or into liquidation or is unable to trade). Further information about compensation scheme arrangements is available from the FSCS (www.fscs.org.uk telephone number 0207 892 7300).

This insurance is underwritten by Axiom Underwriting Agency Limited for and on behalf of certain Underwriters at Lloyd's and authorised insurers. Axiom Underwriting Agency Limited. Registered Office: The Rose Barn, Langley Park, Sutton Road, Maidstone, ME17 3NQ. Registered in England and Wales No. 5547227.
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DECLARATION

To the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (NB. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not, you must disclose it).

I/We understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal; and I/We further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept this insurance.

Signature of Person to be insured (if other than Proposer).....Date.....

Signature of Proposer.....Date.....
