Coach Plus Staff Annual Multi-trip

Application From 2018/19

Specialist Travel Insurance for Coach Company Staff

Coach Plus Travel (for passengers)

To obtain a quote, please complete the form below and return it to:

P J Hayman & Company Limited, Stansted House, Rowlands Castle, Hampshire PO9 6DX

Alternatively, call 02392 419 050 (Monday to Friday, 9am-5pm, closed Bank Holidays) or fax this form to 023 9241 9019

Applicant					
Company name					
Contact / Principal: Title	Initials	Surname			
Address					
		Posi			
Telephone	Fax	Email			
Are you members of ABTA / A	ITO / CPT / any of	ther (please specify)			
Cover required					
Maximum number of drivers / staff undertaking trips abroad to be insured at any one time (trips within your home country must include an overnight stay)					
Approximate number of trips					
Cover required from : /	1				
Have you previously been insured for drivers / staff cover (delete as applicable): YES / NO If yes, please give details of the scheme and the insurer:					
Declaration					
		best of my/our knowledge correct and	d complete.	This sh	nall form
the basis of a contract between m		writers. easonably be expected to give rise to a	claim		
i/we committinere are no circums	itarices triat could re	easonably be expected to give rise to a	ciaiiii.		
Name of Proposer (please print	t)				
Position					
Signature of Proposer			Date:	1	/
Other covers available					
Please tick box(es) below for fu	rther information or	n:			

Coach Plus Breakdown (for coach operators)