

Thank you for choosing the Euro Plus scheme for your European motor breakdown requirements. You will be issued with a policy wording and Schedule of Insurance once this application is completed and cover is accepted.

PLEASE REFER TO THE SALES LEAFLET AND COMPLETE THE WHITE BOXES IN BLOCK CAPITALS.

1. Applicant - you must travel with the vehicle while it is overseas.

Title Initials Surname Age/DoB

Address

Postcode Telephone No.

2. Cover Options

Please tick cover required

SINGLE TRIP - maximum trip duration 90 days

ONE WAY TRIP - maximum trip duration 31 days (cover will cease 48 hours after arrival at destination)

ANNUAL MULTI-TRIP - maximum trip duration 31 days

3. Details of vehicle and cover required

SINGLE TRIP		ANNUAL MULTI-TRIP	
Departure Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Return Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Policy Start Date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Age of Vehicle <input type="checkbox"/> 0 - 9 years <input type="checkbox"/> 10 - 12 years <input type="checkbox"/> 13 - 15 years			
Age of Caravan/Trailer <input type="checkbox"/> 0 - 9 years <input type="checkbox"/> 10 - 12 years <input type="checkbox"/> 13 - 15 years			
Vehicle Registration <input type="text"/>		No. of Persons in the Party (Maximum 8) <input type="text"/>	

4. Premiums

TOTAL PREMIUM REQUIRED Including UK Insurance Premium Tax (IPT) if applicable

£

5. Declarations

Declaration (Applicant) I confirm that I will be travelling with the vehicle and that I am a resident of the UK, the Isle of Man or the Channel Islands and have not spent more than 6 months abroad in the last year.

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** with £ Card No

Card Valid From Card Expiry Date To process this payment we need the 3 digit security number on the reverse of your card. Please provide a daytime contact number, so that we may call you for this purpose.

Address (if different from above) _____ Daytime Telephone No _____

_____ Cardholder's Name _____

_____ Postcode _____ Cardholder's Signature _____