

# Longstay & Backpacker Travel Insurance - Application 2018/19

Thank you for choosing the Longstay & Backpacker scheme for your travel insurance 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 THE POLICY WORDING AND COMPLETE THE WHITE BOXES IN BLOCK CAPITALS**

## 1. Applicant

Title  Initials  Surname  Age

Address

Postcode

Email  Telephone No.

## 2. List of all other 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"/>

## 3. Details of cover required (please note cover cannot be backdated)

Backpacker  Longstay  Longstay PLUS  (please tick the appropriate box)

Area No  Area 1 = Europe  
 Area 2 = Australia / New Zealand  
 Area 3 - Worldwide *excluding* the United States of America, Canada and the Caribbean  
 Area 4 - Worldwide *including* the United States of America, Canada and the Caribbean

Months  Commencing  /  / 20

## 4. Other cover options (please tick appropriate boxes)

Additional Activity Packs  2\*  3\*  4\* \*(see page 15 of the policy wording)

Excess Waiver option

## Total Premium

£

Including UK Insurance Premium Tax (IPT) if applicable

## 5. Declarations

**Note:** Your policy may not provide cover for re-occurring or existing medical conditions - please refer to the Disclosure of Existing Medical Conditions on page 2 of the policy wording. You must take care to answer all questions honestly and to the best of your knowledge and not to make a misrepresentation of the facts that could influence us in accepting your insurance.

**Declaration (Applicant)** I declare that I have read the Medical Declaration both for myself and on behalf of those persons for whom I have arranged cover.

**I confirm that I am a resident of the UK or the Channel Islands or British Forces Posted Overseas (BFPO) and I have not spent more than six months abroad in the last 12 months.**

**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 \_\_\_\_\_

## 6. Payment Methods - either enclose your cheque or provide credit/debit card details below

If you are enclosing a cheque, please make it payable to: 'P J Hayman & Company Ltd'

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 \_\_\_\_\_