Coach Plus Application Form

To obtain cover, please complete the form below and return it, with your payment, to:
P J Hayman & Company Limited, 'FREEPOST – PT729', Rowlands Castle, Hampshire PO9 6BR
Alternatively, call us on **0845 260 1632** (Monday to Friday, 9am - 5pm, excl Bank Holidays)

Applicant

Title_____ Initials_____ Surname _____

Address _____

_____

_____ Postcode _____ Daytime telephone number _____

Cover required

Geographical Areas (for definitions see page 2 of the policy wording): ☐ UK ☐ CI/Eire ☐ Europe

Departure Date: / / Return Date: / / No. of Days: _____

LIST OF INSURED PERSONS (If more than 4 please attach a 'Group' list)

Name	Age	Name	Age

Premium summary

Show the number of persons travelling within each age band and the premium required.

_____ Infants (under 2) FREE _____ Children (2 - 17) @ £

_____ Adults (18-74) @ £ _____ Adults (75 & over) @ £

Delete Excesses (£7 per person) YES / NO £ **Total:** £

DECLARATION

I declare that I have read for myself and on behalf of those persons for whom I have arranged cover, the **Important - Medical Conditions**, see page 3 of the policy wording. I confirm there are no circumstances that could be reasonably expected to give rise to a claim.

Signed: Date: / /

Payment by VISA / Mastercard

Please debit my card with **£** _____

CARD NUMBER ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CARD VALID FROM ☐☐ ☐☐ CARD EXPIRY DATE ☐☐ ☐☐ ISSUE NUMBER ☐☐

Cardholder's signature _____

Cardholder's name _____

Address (if different from above) _____

_____

_____

_____ Postcode _____

Coach Operator / Issuing Agent