## Longstay & Backpacker Travel Insurance - Application & Schedule 2012 Applicants Copy Certificate No.

Thank you for choosing the Longstay & Backpacker scheme for your travel insurance requirements. Cover will commence as soon as the issuing Broker/Agent has validated this application. This application form when properly validated will become your Confirmation of Cover and Schedule. You will be issued with a policy wording. Both documents together form your contract of insurance.

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

### 1. Applicant

Title ☐ Initials ☐ Surname ☐ Age ☐

Address ☐

☐

☐ Postcode ☐

Occupation ☐ Telephone No. ☐

### 2. List of all other persons to be insured

| Title | Initials | Surname | Age | Title | Initials | Surname | Age |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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

**Longstay** ☐ months ☐ commencing / /20 **Area No** ☐

**Backpacker** ☐

(please tick the appropriate box)

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

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

☐ **Additional Activity Pack 2***

☐ **Additional Activity Pack 3***

☐ **Additional Activity Pack 4***

☐ **Excess Waiver option**

☐ **Stop-over in higher rated area option**
(to extend beyond policy limit of 7 days to 31 days in total)

☐ **Delete Personal Possessions cover**

*(see page 20 - 21 of your policy wording)

### Total Premium

£

Including UK Insurance Premium Tax (IPT) if applicable

### 5. Declarations

**Note :** Your policy may not provide cover for re-occurring or pre-existing medical conditions - please refer to the Medical Declaration in the Sales Leaflet. You must also advise us of any material facts (any fact that is likely to influence the premium or cover to be provided by the Insurers).

**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 and I have not spent more than six months abroad in the last twelve months.**

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 ☐☐ ☐☐ Issue Number ☐

Cardholder's Signature _____ Cardholder's Name _____

Address (if different from above) _____

_____ Postcode _____ Daytime Telephone No _____