

## Coach Plus Breakdown Application Form

To obtain a quote, please complete the form below and return it to:  
P J Hayman & Company Limited, 'FREEPOST – PT729', Rowlands Castle, Hampshire PO9 6BR  
Alternatively, call us on **0845 230 3526** (Monday to Friday, 9am - 5pm, excl Bank Holidays)  
or fax this form to **023 9241 9019**

### Applicant

**Company Name** \_\_\_\_\_

Contact / Principal: Title \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Are you members of ABTA / AITO / CPT / any other** *(please specify)*

### Cover required

**Anticipated number of days the coaches will be in use**  
*(trips within your home country must include an overnight stay)*

**Number of coaches travelling in the UK and Europe**

**Are any coaches aged between 8 and 15 years old** *(please indicate number)*

**Please indicate the total number of days**

**Cover required from :**     /     /

**Have you previously been insured for coach breakdown cover** *delete as applicable :*     **YES / NO**  
*If yes, please give details of the scheme and the insurer:*

### Declaration

I / we declare that:-

All statements and particulars in this form are to the best of my / our knowledge and belief correct and complete and this shall form the basis of a contract between me / us and the underwriters.

I / we confirm there are no circumstances that could be reasonably expected to give rise to a claim.

Name of Proposer *(please print)* \_\_\_\_\_

Position \_\_\_\_\_

Signature of Proposer \_\_\_\_\_ Date:     /     /

### Other covers available

Please tick box(es) below for further information on:

**Coach Plus Travel** *(for passengers)*

**Coach Plus Staff** *(for coach company drivers & staff)*