

Thank you for choosing the Euro Plus scheme for your personal travel and motor breakdown 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/DoB*

Address

Postcode Telephone No.

2. List of all other persons to be insured - attach separate list if necessary

Title	Initials	Surname	Age/DoB*	Title	Initials	Surname	Age/DoB*
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Full Date of Birth details are required only for Annual Multi-trip cover, otherwise show current age only

3. PERSONAL TRAVEL - details of cover required (please note cover cannot be backdated)

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"/>	
No. of Days <input type="text"/>		Important: Cover under the 'Cancellation' section of the policy will only commence from the Policy Start Date selected.	

OTHER COVER OPTIONS (please tick appropriate boxes)

Add Cover Winter Sports Excess Waiver One Way Trip

Delete Cover Personal Possessions Medical Expenses Cancellation

4. MOTOR BREAKDOWN - 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"/>	
Vehicle Registration Number <input type="text"/>	Make & Model <input type="text"/>		
Year of Registration <input type="text"/>	Age of Vehicle <input type="checkbox"/> 0 - 7 years <input type="checkbox"/> 8 - 12 years <input type="checkbox"/>	Caravan/Trailer Cover (12 years or under) <input type="checkbox"/>	No. of Persons in the Party (Maximum 8) <input type="text"/>

5. Premiums

Personal Travel Premium £ Motor Breakdown Premium £ TOTAL PREMIUM REQUIRED £

15% deduction applies if Personal Travel & Motor Breakdown are taken at the same time

Note: You must select either a Single Trip or Annual Multi-trip policy when purchasing Personal Travel & Motor Breakdown together, to obtain this discount

Including UK Insurance Premium Tax (IPT) if applicable

6. Declarations

Note : Your policy is designed to cater for persons who do not have a serious pre-existing medical condition - please refer to the Medical Declaration and Health Exclusions in the Sales Leaflet.

Declaration (Applicant) I declare that I have read the Medical Declaration and Health Exclusions 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, the Isle of Man or the Channel Islands and registered with a General Practitioner in my home country 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:

7. 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 _____