Groups - Application Form

Applicant

Applicant's name _____

On behalf of _____

_____

Address _____

Postcode _____ Telephone _____

Cover required (tick boxes as applicable)

Date of Cover: Single Trip: _____ days from _____/_____/20_____ Winter Sports Required ☐ Yes ☐ No

Whole School Insurance: from _____/_____/20_____

Areas: United Kingdom ☐ Europe ☐ Worldwide ☐

Note: Channel Islands residents travelling into the UK : tick Europe box

PLEASE ATTACH A LIST OF PERSONS FOR WHOM COVER IS REQUIRED ☐ ✓ ATTACHED

Premium Summary

Single Trip Policy (Minimum 10 people) - please enter the number of people in each category

_____ Infants (under 4 years)	FREE	FREE
_____ Children (under 18/23 years, see page 3)	@ £ _____	£ _____
_____ Adults (under 65 years)	@ £ _____	£ _____
_____ Adults (aged 65 to 75 years)	@ £ _____	£ _____
_____ Adults 76 & over (UK trips only)	@ £ _____	£ _____
	Total	£ _____
	Less _____ **% Group Discount**	£ _____
	TOTAL PREMIUM DUE	£

Whole School Insurance _____ Pupils @ £ _____ **TOTAL PREMIUM DUE** £

Note: Your policy may not provide cover for re-occurring or pre-existing medical conditions. Please see the **Medical declaration** on page 5.

Declaration - 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 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 _____

Daytime telephone number _____

Issuing Agent / Broker