

Business

Annual travel insurance for business travellers



2019/20



Please complete this Application Form in full and in BLOCK CAPITALS.

DISCLOSURE - you must take care to answer all questions honestly and to the best of your knowledge and not to make a misrepresentation of the facts that could influence us in accepting your insurance including previous claims history, medical conditions and participation in any hazardous activities.

GENERAL DETAILS

Full name of Proposer/Company including trading name(s):

Company name:

Address:

Postcode:

Business contact numbers:

Telephone:
Email:
Website:
Fax:

Directors/Principals:
Owner, Chairman, Managing Director
or Executive Director of your company

Name:	Date of Birth:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Period of Annual Insurance:

From: / / Renewal date: / /

Short description of business:

Contact name at your company:

Number of employees:

BASIS OF PREMIUM CALCULATION

The Business policy premiums can be calculated in one of two ways:

1. Per person

Cover under this option is provided for all staff employed by the company.
Please indicate the number of travelling staff in your company:

Note:

We will require the names and dates of birth of those members of staff who will be travelling.
Please attach a separate list.

Cover is limited to a maximum of 90 days duration any single trip.

If any staff members are likely to be travelling for more than 90 days, please indicate what the maximum duration per trip would be:

2. Specified travel pattern

Please give below the estimated travel pattern for all insured persons for the forthcoming 12 months split by the Area of Travel (details are shown on page 2 of our Sales Leaflet).

Note:

10 people travelling on the same trip would be considered 10 separate trips for the purposes of this calculation, as would one person undertaking 10 trips. The maximum duration of any single trip on a Travel Pattern basis is 183 days.

Anticipated Travel Pattern

Area of travel	No of trips	Average duration	Anticipated total no. of travel days
UK			
Europe			
Worldwide excl. USA/Canada/Caribbean			
Worldwide incl. USA/Canada/Caribbean			

RISK DETAILS

- 1. Will any persons to be insured be travelling to any area against the advice of the Foreign & Commonwealth Office? NO YES
See www.gov.uk/foreign-travel-advice for more details.
If YES, please give full details in the space provided opposite.
- 2. Will any persons to be insured be involved in any manual work or be working in a high risk environment? NO YES
If YES, please give full details in the space provided opposite.
- 3. Will any persons to be insured be resident outside the UK, the Channel Islands or the Isle of Man? NO YES
If YES, please give full details in the space provided opposite.
Note: cover is only available for persons resident within the UK, the Channel Islands or the Isle of Man on this scheme. If you would like cover for persons outside of this area, please contact us.
- 4. Do you wish to insure sub-contractors? NO YES
If YES, please provide a separate staff list or travel pattern for them along with any details of their occupational risks.
- 5. Do you wish the Business policy to cover your employees leisure travel? NO YES
Note: cover for your Directors/Principals (which includes the Owner, Chairman, Managing Director or Executive Director of your Company) will be offered FREE of charge.
If YES, please provide the number of staff to be covered. We will require names and dates of birth for those requiring leisure travel cover (including those who will be covered for free).
- 6. Do you wish the Business policy to cover your employees for Hazardous Activities (other than those shown as being covered on page 2 of our Sales Leaflet)? NO YES
If YES, please give full details in the space provided opposite.

Note: at the start date of your policy there is no cover for any person aged 76 years or over.

CLAIMS HISTORY

Has any Insurer declined to renew or provide cover, imposed special terms or cancelled any business travel policy (within the last 5 years)? NO YES

If YES, please give full details in the space provided opposite.

Please provide details below of all Business travel insurance claims made during the last 3 years. Continue on a separate sheet if required.

Date:	Type of claim:	Details:	Amount:
/ /			£
/ /			£
/ /			£

DETAILS:

Please also continue on a separate sheet if required.

DECLARATION - I/we declare that all statements and particulars in this form are, to the best my/our knowledge, correct and complete. This shall form the basis of a contract between me/us and the underwriters.

Name of authorised representative:

Position:

Signature:

Date:

Agent Stamp