

Business



2021/22



Annual travel insurance for business travellers

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:	
	/	/
	/	/
	/	/

Period of Annual Insurance:

From:	/ /	Previous Insurer
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Short description of business:

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Contact name at your company:

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Number of employees:

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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:

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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 183 days duration any single trip.

2. Specified travel pattern

Please give below the estimated number of trips for all insured persons for the forthcoming 12 months. 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.

	Non Manual Business Trips					Manual Business Trips			
	UK	Europe	Worldwide ex US/CA	USA & Canada		UK	Europe	Worldwide ex US/CA	USA & Canada
Up to 4 Days					Up to 4 Days				
5 – 7 Days					5 – 7 Days				
8 – 14 Days					8 – 14 Days				
15 – 21 Days					15 – 21 Days				
22 – 31 Days					22 – 31 Days				
Up to 2 Months					Up to 2 Months				
Up to 3 Months					Up to 3 Months				
Up to 4 Months					Up to 4 Months				
Up to 5 Months					Up to 5 Months				
Up to 6 Months					Up to 6 Months				

RISK DETAILS

- 1. Will any persons to be insured be travelling to any area against the advice of the Foreign, Commonwealth & Development Office? See www.gov.uk/foreign-travel-advice for more details. If YES, please give full details in the space provided opposite. NO YES
- 2. Will any persons to be insured be involved in any manual work or be working in a high risk environment? If YES, please give full details in the space provided opposite. NO YES
- 3. Will any persons to be insured be resident outside the UK, the Channel Islands or the Isle of Man? If YES, please give full details in the space provided opposite. NO YES
- 4. Will any person to be insured be working on secondment for a period exceeding 6 months? If YES, please give full details in the space provided opposite. NO YES
- 5. Do you wish the Business policy to cover your employee's leisure travel? 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. NO YES
- 6. Do you wish the Business policy to cover your employees for Hazardous Activities? If YES, please give full details in the space provided opposite. NO YES

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