

To obtain cover, please complete the form below and return it, with your payment, to:
P J Hayman & Company Limited, Stansted House, Rowlands Castle, Hampshire PO9 6DX.
Alternatively, apply online www.coachplusinsurance.co.uk or call us on **02392 419 855** for immediate cover.
We are open Monday to Friday 8am-6pm, closed Bank Holidays.

Applicant

Title _____ Initials _____ Surname _____ Date of Birth / /

Address _____

Postcode _____

Email address: _____ Telephone number _____

Cover required

Geographical Area: UK CI/Eire Europe Delete Excesses:
(for definitions see page 3 of the policy wording)

Departure Date: / / Return Date: / / No. of Days: _____

List of Insured Persons - Names & Dates of Birth of ALL persons to be insured (if more than 4 please attach a 'Group' list)

| Name | Date of Birth | Name | Date of Birth |
|------|---------------|------|---------------|
| | | | |
| | | | |
| | | | |

Premium summary Show the number of persons travelling within each age band and the total premium payable.

_____ Infants (under 2) @ £ FREE Delete Excesses (£6.54 per person) £ _____
_____ Children (2-17) @ £ _____
_____ Adults (18-74) @ £ _____
_____ Adults (75 & over) @ £ _____

Total: £

Declaration

I declare that I have read for myself and on behalf of those persons for whom I have arranged cover, the **Important - Medical Conditions**, see page 3 of the policy wording. I confirm there are no circumstances that could reasonably be expected to give rise to a claim.

Signed: _____

Date: / /

Payment by Cheque

Please make your cheque payable to: P J Hayman & Company Ltd and send with this completed form to the address above.

Payment by VISA / Mastercard

Please debit my card with £ _____ Card Valid From Card Expiry Date

Card Number

To process this payment we need the 3 digit security number on the reverse of your card.

Please provide a daytime contact number, so that we may call you for this purpose. Telephone number: _____

Cardholder's signature _____

Cardholder's name _____

Address (if different from above) _____

Postcode _____

Agency Stamp