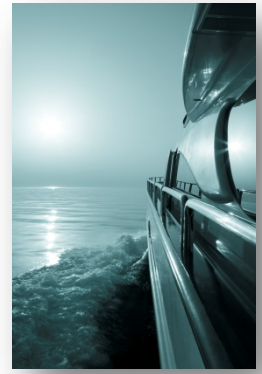


# High Value Travel Cancellation Insurance

## Proposal Form



### **Details of Proposer**

Name	Date of Birth
E-mail address	
Telephone no.	
Address	
Occupation	
Country of residence	

### **Trip Information**

Destination(s)	
Departing	Returning
Departure from	
Reason for trip	
Total cost of trip: - Travel costs Accommodation Special arrangements and other costs	
Total travel cancellation insurance already in place per person	
Any unusual travel methods to be considered?	
Will there be any stopovers?	
Do you require Terrorism insurance?	
Do you require Extended Stay/Delay insurance to provide reasonable accommodation, sustenance and travel following the delay or cancellation of pre-scheduled travel arrangements subject to such delay or cancellation exceeding 8 hours duration on either the outwards or return journey (cover is restricted to expenses of up to 25% of the Sum Insured)	

### **Insured Person(s)** (additional travellers to Proposer)

Name	Date of Birth
Address	
Name	Date of Birth
Address	

**Insured Person(s)** (continued)

Name	Date of Birth
Address	
Name	Date of Birth
Address	
Name	Date of Birth
Address	
Name	Date of Birth
Address	
Name	Date of Birth
Address	
Name	Date of Birth
Address	
Name	Date of Birth
Address	

**Medical Declaration**

Has any person Insured Person had reason to cancel a trip at any time over the past five (5) years?
Is any Insured Person suffering from any medical conditions whether physical, psychological or other form of illness?
Is any Insured Person currently undergoing any form of treatment?
Is any Insured Person currently undergoing any prescribed regime?
Is any Insured Person aware of any matter, fact , circumstance, or incident existing or threatened that could possible affect the trip and could result in a loss under the proposed insurance?
Please confirm that all Insured Persons are in good health at the time of completing this proposal and have been so for a period of 12 months.

## **Additional Information**

Have all the necessary licenses, permits and visas been obtained?	<b>YES/NO</b>
Is any Insured Person taking part in any sporting activities? If so, please list the activities: -	

## **Declaration**

I/We declare that to the best of my/our knowledge and belief of the signatory/ies below that the information provided, whether in my/our hand or not, is true and I/we have not withheld any material facts.

You are a **consumer Insured** (i.e. a person buying insurance wholly or mainly for personal purposes unrelated to your employment), you have a duty to take reasonable care to answer questions fully and accurately, and that any information you volunteer is not misleading. This duty exists before the cover is placed, when renewed, or altered at any time throughout the duration of the policy. If you do not do so, your Insurer may be able to void your policy from inception.

I/We declare that: -

- i. I/We have never been declared bankrupt, insolvent or gone into voluntary or compulsory liquidation.
- ii. I/We have never been convicted of or charged (but not tried) with a criminal offence.
- iii. I/We are not aware of any existing circumstances that could lead to a claim under this policy.

Signed .....

Dated .....

## **DATA PROTECTION STATEMENT - 'PRIVACY NOTICE'**

In accordance with Data Protection legislation, including General Data Protection Regulations (GDPR), we are advising you that any personal and/or sensitive data requested from you will be stored securely and will only be used in order to manage the contract of business, including insurance requirements, we are arranging for you where we have a legal obligation in handling your data. We may also have a legitimate interest in handling your data when dealing with third parties, such as your insurers. This information will only be made available to third parties, such as insurers or their claims handling agents, in order to further manage and service your insurance policy.

We will retain your information for a period of time which is necessary to ensure no further liability, such as any insurance claims, exists. This period will normally be 7 years from expiry of the policy but may be extended for certain types of business.

For certain types of business we may require sensitive information from you in order to arrange your insurance requirements or service any claims, for example, medical records, which may involve passing such information to insurers or their claims handling agents.

We will not transfer your data outside the EU. Your insurers and/or their third party agents may pass data outside the EU and if so, we will seek their confirmation that this is adequately protected.

You have the right to: -

- See a copy of the personal information we hold about you, free of charge.
- Ask us to delete any of your personal data where there is no legitimate reason for continuing to hold it.
- To have any inaccurate or misleading data corrected or deleted.
- Restrict the processing of your data.
- Ask us to provide you with a copy of your data.
- Lodge a complaint with the Information Commissioners Office if you are unhappy with the manner in which we store or handle your data.

If at any time you wish to know what information we hold on you, or have any queries relating to the above, please contact our director responsible for Data Protection issues at: -

Telephone: 02392 419 833

Email: [Customerservices@pjhayman.com](mailto:Customerservices@pjhayman.com)

Or write to:

P J Hayman & Company Limited,  
Stansted House,  
Rowlands Castle,  
Hampshire  
PO9 6DX