

# StaycationPlan Application Form 2020/21

To obtain cover, please complete the form below and return it, with your payment, to:  
StaycationPlan, P J Hayman & Company Limited, Stansted House, Rowlands Castle, Hampshire PO9 6DX  
Alternatively, apply online at: [www.staycationplan.co.uk](http://www.staycationplan.co.uk)  
or call us on **02392 419 843** for immediate cover  
We are open Monday to Friday 9am-5pm, closed Bank Holidays

## Applicant

Title \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth / /

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Daytime telephone number \_\_\_\_\_

## Cover required

Departure Date: / / Return Date: / / No. of Days: \_\_\_\_\_

LIST OF INSURED PERSONS (If more than 6 please attach a 'Group' list)

Name	Name

Accommodation Provider:

## Premium Summary

Total value of holiday booked £ \_\_\_\_\_ Premium £ \_\_\_\_\_

Delete Excesses (additional £8.80 per party booking) YES / NO £ \_\_\_\_\_

**Total Premium Payable: £** \_\_\_\_\_

### Payment Methods:

- Make your cheque payable to: P J Hayman & Company Ltd

Send your payment with this completed form to:

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

Note: do not send to your accommodation provider

- If you would prefer to pay with a credit card call us on **02392 419 843**  
(Monday to Friday, 9am - 5pm, closed Bank Holidays)
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Agency Stamp

### 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: / /