

# APPLICATION FORM



## Worldwide Travel Options

(Please use block letters)

Producer code #

**ADMISSION**

I/We wish to take out:

**Single Trip** from (dd/mm/yyyy)  up to and including

Destination

**Annual Travel** as of (dd/mm/yyyy)

Do you wish to include the Non-Medical Option?  YES  NO

Do you wish to include the Trip Cancellation Option?  YES  NO

**PLEASE CHOOSE CURRENCY**  USD  EUR  CHF  GBP

**PLEASE LIST ALL THE PERSONS TO BE COVERED BY THE POLICY**

**Policyholder**

First name(s)

Family name(s)

Sex (M/F)  Date of birth (day/month/year)  Age

Nationality  Premium

**Spouse/dependants**

First name(s)

Family name(s)

Sex (M/F)  Date of birth (day/month/year)  Age

Nationality  Premium

**Spouse/dependants**

First name(s)

Family name(s)

Sex (M/F)  Date of birth (day/month/year)  Age

Nationality  Premium

**Spouse/dependants**

First name(s)

Family name(s)

Sex (M/F)  Date of birth (day/month/year)  Age

Nationality  Premium

**Spouse/dependants**

First name(s)

Family name(s)

Sex (M/F)  Date of birth (day/month/year)  Age

Nationality  Premium

**Total premium**

The premium for Single Trip is calculated per person as a basic premium and premium per travel day.  
 The premium for Annual Travel is calculated per person per year. Children under two years are insured free of charge but must be listed.

