

# Travel Plus Adventures Application and Schedule

## Applicants Copy

Certificate No. TPA

Thank you for choosing the Travel Plus Adventures scheme for your Travel Insurance requirements. Cover will commence as soon as the Issuing Agent has validated this application. Your attention is drawn to the IMPORTANT NOTICE - MEDICAL CONDITIONS AND MATERIAL FACTS overleaf. **PLEASE COMPLETE THE WHITE BOXES IN BLOCK CAPITALS**

## 1. Applicant

Title  Initials  Surname  Age/DoB\*

Address:

Post-Code  Telephone No.

Tick box if I.O.M /Channel Isles resident \_\_\_ (14.9% premium deduction)

## 2. List of all other persons to be insured

Title	Initials	Surname	Age/DoB*	Title	Initials	Surname	Age/DoB*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Full Date of Birth details are required only for Annual Cover, otherwise show current age only.

## 3. Details of cover required (please note cover cannot be backdated)

Single Trip	Annual Multi-trip
Departure Date <input type="text"/> Return Date <input type="text"/>	Policy Start Date <input type="text"/> / <input type="text"/> / <input type="text"/> 200
No. of Days <input type="text"/>	<b>Important:</b> Cover under the 'Cancellation' section of the policy will only commence from the Policy Start Date selected.

## 4. Other cover options (please tick appropriate boxes)

Part 'A' only  Parts 'A & B'  Adventures Category (e.g. i, ii etc.)

Activity(ies) (in full)

Areas: Area 1 UK  Area 2 Europe   
(excluding Israel, Syria, Lebanon)

Area 3 World Wide  Area 4 World Wide   
(excluding USA, Canada, Caribbean)

	Premiums
Part 'A'	£ <input type="text"/>
Part 'B'	£ <input type="text"/>
Total	£ <input type="text"/>

## 5. Payment methods – either enclose your cheque or provide credit card details below

Please debit my SWITCH (MAESTRO) / VISA / MASTERCARD with £

Card No

Card Valid From   Card Expiry Date   SWITCH (MAESTRO) CARD Issue Number

Authorised Signature: \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

## 6. Declarations

**Declaration (Applicant)** I declare to the best of my knowledge and belief I have advised you of all material facts (any fact which is likely to influence the rate or cover to be provided by the Underwriting Agents) and that I have read the **Important Notice-Medical Conditions and Material Facts** overleaf. I understand that you may exchange information with other insurers or their agents to check the answers I have provided and you have my authority to do so.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Issuing Agent's Declaration (if applicant not present)** I confirm that I have read out the declaration (opposite) to the Applicant who has confirmed that they fully understand the terms and conditions of the policy and have authorised me to sign it on their behalf.

Signed \_\_\_\_\_

Validation Stamp

Date of issue: \_\_\_\_\_

### Travel Insurance

This Application Form when properly validated will become your Confirmation of Cover and Schedule. You will also be issued with a booklet giving the full Policy wording. Both documents together form your Insurance Policy.

#### IMPORTANT MEDICAL CONDITIONS AND MATERIAL FACTS

##### You will not be covered:

- Where at the time of taking out this insurance, (and in the case of Annual Multi-trip at the time of booking each trip), the person whose condition gives rise to a claim:
  - is receiving, or is on a waiting list for in-patient treatment in a hospital or nursing home; or
  - has received a terminal prognosis; or
  - is travelling against medical advice or for the purpose of obtaining treatment; or
  - is expected to give birth before or within fourteen weeks of the date of arrival home;
  - is suffering or has suffered, from any diagnosed psychiatric disorder, anxiety or depression.

**Note:** The above exclusion applies not only to you, but also to close relatives or other persons on whom the trip depends.

- For trips outside your home country where at the time of taking out this insurance (in the case of Annual Multi-trip at the time of booking each trip) you answer "yes" to any of the 'Medical Screening Questions' below, and fail to contact the Medical Screening Line.

##### Medical Screening

If you need to telephone the Medical Screening Line, you will be asked simple questions about your medical condition, medication, trips to the doctors, and other related matters.

In most cases, cover is provided under normal terms. If, as a consequence of your call, we wish to impose special terms, these will be advised to you immediately, and confirmed in writing.

Please note terms may vary depending on destination, period of travel and other factors.

##### Medical Screening Questions

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| i) Within the last year have you been treated as a hospital in-patient or been under the care of a specialist consultant or been referred to a specialist consultant? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Have you ever been treated for a breathing or heart related condition (including angina)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Have you ever been diagnosed with cancer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) Have you ever been diagnosed with a circulatory condition (e.g. DVT)?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered **No** to all questions you do not need to call the Medical Screening Line

If you have answered **Yes** to any of the questions please telephone the Medical Screening Line on **0845 230 5555**

between the hours of 9.00am to 5.00pm Monday to Friday to confirm acceptability of cover. (Please note: Mondays are normally very busy. You may prefer to call at other times.

**Note:** You **do not need** to phone the Medical Screening Line if your trip is within the United Kingdom, **or** if you have **one** of the following conditions (provided you are not on a waiting list for treatment): Acid reflux, Acne, Arthritis, Asthma (but only if well controlled by using inhalers) Colds or 'flu', Dyspepsia, Eczema, Gall Stones / Gall Bladder Removal, Glaucoma, Gout, Hay-fever, Hernia, Hyperthyroidism (over-active thyroid), Hypothyroidism (under-active thyroid), Irritable bowel syndrome, Meniere's disease, Migraine, Psoriasis, Tonsillitis, Varicose veins.

##### Who are the Insurers

The Travel Plus - Adventures Travel Insurance scheme is arranged by P J Hayman & Company Limited with UK Underwriting Limited on behalf of: Primary Insurance Company Limited, an EU regulated insurance company established in Ireland and licensed by the Irish Financial Services Regulatory Authority. Registered in The Republic of Ireland, registration number E340407, registered office First Floor, Fitzwilton House, Wilton Place, Dublin 2, Ireland.

Indemnity Insurance Limited. Registered in England with Company House, registration number 02445040, registered office Churchill Court, Westmoreland, Bromley, Kent, BR1 1DP.

Norwich Union Insurance Company. Registered in England with Company House, registration number 03290130, registered office, 8 Surrey Street, Norwich, Norfolk, NR1 3NG.

UK Underwriting Limited, Indemnity Insurance Limited and Norwich Union Insurance Company are authorised and regulated by the Financial Services Authority.

P J Hayman & Company Limited are authorised representatives of Crispin Speers & Partners Limited who are authorised and regulated by the Financial Services Authority. Their register number is 311507.

##### Demands and Needs Statement

The Travel Plus Adventures - Travel Insurance scheme is typically suitable for those who wish to insure themselves on either a Single Trip or Annual Multi-trip basis. You choose the level of cover you require. Part A may be taken in isolation. Part B is only available if Part A has also been selected. Part A provides cover for Medical & Emergency Expenses, Personal Accident, Personal Liability, Activity Equipment and Legal Expenses. Part B provides cover for Baggage, Personal Effects, Money and Documents, Cancellation, Loss of Deposit or Curtailment, Travel Disruption and Travel Delay.

You may already possess alternative insurance(s) for some or all of the features and benefits provided by this product. It is your responsibility to investigate this.

P J Hayman & Company Limited has not provided you with any recommendation or advice about whether this product fulfils your specific insurance requirements.

##### CLAIM FORM REQUEST: To obtain a Claim form please return this Schedule to:-

Travel Plus Adventures Claims Section, P J Hayman & Company Ltd, Stansted House, Rowlands Castle, Hampshire PO9 6DX.

Name:  Address:

Type of claim: (Please tick) Cancellation/Curtailment  Medical/Repatriation Expense  Personal Possessions

Money/Loss of Travel Documents  Travel Disruption/Delay  Delayed Baggage  Legal Expenses

Personal Accident  Personal Liability  Activity Equipment  Other  please specify \_\_\_\_\_