

UK Plus Application Form

To obtain cover, please complete the form below and return it, with your payment, to:
Travel Insured, 123/124 Queens Road, Hastings, East Sussex, TN34 1RP
Alternatively, call us on 0800 027 6171 (9am - 5pm Monday to Friday, 9am - 12.30pm Saturdays)

Applicant

Title _____ Initials _____ Surname _____
Address _____
Postcode _____

Cover required

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

LIST OF INSURED PERSONS (If more than 8 please attach a 'Group' list)

Name	Name

Accommodation Provider: _____

Premium summary

Holiday Costs up to £ _____ £ _____
Delete Excesses (£8.00 per party booking) YES / NO £ _____
Total Premium Due: £

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** note on page 2 regarding existing medical conditions. I have to the best of my knowledge advised you of all material facts (any fact which is likely to influence the premium or cover to be provided by the Insurers). I confirm there are no circumstances that could be reasonably expected to give rise to a claim.

Signed: _____ Date: / /

Payment by VISA / Mastercard / Maestro / Delta

Please debit my card with £ _____

CARD NUMBER

CARD VALID FROM CARD EXPIRY DATE ISSUE NUMBER

Cardholder's signature _____

Cardholder's name _____

Address (if different from above) _____

Postcode _____

Daytime telephone number _____