

(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.

