



Specialist & Travel contrary to FCDO advice Insurance Application Form

To arrange cover please complete this application and send it to: info@campbellirvine.com

* Denotes a mandatory field

* NAME(S) OF PERSONS TO BE INSURED:

Title	First Name	Last Name	Date of Birth

* Home Address:

* Email:

* Telephone:

*SINGLE TRIP INSURANCE:

- 1) Departure Date:
- 2) Return Date:
- 3) List of countries to be visited:
- 4) Details of any planned business or volunteer work to be undertaken:
- 5) Details of any activities likely to be undertaken:

IMPORTANT:

Full details of the cover provided are shown on your policy document which will be sent to you together with your Certificate of Insurance. Please read it carefully to ensure you understand the cover provided as this insurance is being offered on a Non-Advised basis from a single insurer. In addition, policy includes certain terms conditions, exclusions and excesses. Should you wish a specimen; a copy will be made available prior to purchase upon request. The policy document contains a 14 day Cooling Off Period and details of how to claim and who to contact in the event of a medical emergency.

Please note cover is only available to persons resident in the United Kingdom.