GROUP BUSINESS TRAVEL INSURANCE APPLICATION FORM

This policy is arranged by Campbell Irvine Limited 52 Earls Court Road, Kensington, W8 6EJ who are authorised and regulated by the Financial Conduct Authority.

Please complete this Application Form and forward to: info@campbellirvine.com

If you require assistance or clarification in completing the Application, you can call us on: 020 7368 1154

This cover is available to companies based in the United Kingdom for business trips on behalf of the Proposing Company that have a destination outside the Home Country. Cover can be extended to include business trips within the United Kingdom that involve air travel and/or an overnight stay. Note: Medical Expenses are excluded in the Home Country.

The cover outlined in this application represents a comprehensive package of benefits. If however these benefits do not fully meet the requirements of your Company, please advise us of your specific needs.

The Period of Insurance is 12 months and the premium is based on the estimated profile of travel provided by you in this Application Form.

1)	E 11 Tra 1 1 1 1 4 4				
•,	Full little and address of the	Proposing Company includi	ing postcode:		
2)	Nature of Business:				
3)	Annual Turnover of Business:				
4)	a) Who is to be insured? i.e. All Directors and employees, or specified persons only:				
J	b) Please provide a list the n	names of the Directors and e	employees to be insured:		
	Will all persons to be insured be under 65 years of age at the date of travel? YES NO If No please give details:				
7)	Will any trips involve manual work, hazardous activities or visits to areas in a state of civil unrest, civil war or war, as certain territories are excluded from cover unless declared? YES NO If Yes, please give details:				
-,	CLAIMS RECORD Have there been any claims under a similar Insurance in the last 3 years? If Yes, please give details:				
ļ	Year	Section of cover	Amount Paid	Circumstances	

ESTIMATED BUSINESS TRAVEL OVER THE NEXT 12 MONTHS:

Before completing the boxes below, please note:

- When providing this information please ensure that it is the total number of trips e.g. 3 persons travelling on the same trip should be counted as 3 trips.
- Trips within the United Kingdom must involve either air travel and/or an overnight stay and will not cover medical expenses.
- All trips with a duration of longer than 30 days must be detailed separately in the space provided below.

DESTINATION	NUMBER OF TRIPS	AVERAGE DURATION
a) TRIPS TO EUROPE *		
b) TRIPS TO NORTH AMERICA **		
c) TRIPS ELSEWHERE IN THE WORLD		
d) TRIPS WITHIN THE UNITED KINGDOM ***		

If any trip(s) with a duration of 30 days or more are to be covered please provide details:

Optional - Holiday Travel Extension

Cover can be extended to include holiday travel of specified directors and/or employees. The cover provided under this extension is based on the same terms and conditions as business travel, other than:

- The maximum duration any one trip shall be 30 days.
- · Cover shall automatically include the partner/spouse and dependent children whilst accompanying them.
- Cover shall automatically include winter sports holidays (subject to certain excluded activities), please see Main Exclusions detailed in the Policy Summary.

Should the Holiday Travel Extension be required please provide the names of which directors/employees you wish to be covered by this extension:

(Please do not include the names of their partner/spouse or dependent children).

Campbell Irvine can also arrange the following Insurances:

Personal Accident and Personal Accident & Illness
Kidnap and Ransom

^{*} Means all European countries including Russia west of the Ural Mountains, the Azores, Madeira, the Canary Islands, Mediterranean islands and Turkey.

^{**} North America means the United States of America and Canada

^{***} Only complete information if cover is required for UK trips, see note above in respect of UK trips.