



## Specialist Travel Insurance Application Form

To arrange cover please complete this application and send it to: [info@campbellirvine.com](mailto:info@campbellirvine.com)  
Items marked with an \* must be completed.

**\* NAME(S) OF PERSONS TO BE INSURED:**

Title	First Name	Last Name	Date of Birth

\* Home Address:

\*Email:

\*Telephone:

**SINGLE TRIP INSURANCE:**

- 1) Name of company (*if applicable*)
- 2) \*Departure Date:
- 3) \*Return Date:
- 4) \*List of countries to be visited:
- 5) Please provide details of all security arrangements if not booked with a UK Tour Operator:
- 6) Please confirm the name of the Tour Operator/Organisation (if applicable):
- 7) \*Please confirm if trip is for 'Business' or 'Pleasure':
- 8) If Business, please state nature of business/occupation:
- 9) Please detail any additional requirements e.g. increased Personal Accident cover:
- 10) \*Please attach a copy of the full trip itinerary including accommodation details.

**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. In particular cover is excluded for any pre-existing medical condition from which you or any person upon whom travel depends such as a relative is suffering. 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.

**Cover is only available to persons who reside in or companies based within the United Kingdom.**