



Specialist Travel Insurance Application Form

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

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 sporting or hazardous activities:**

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.

Please note cover is only available to persons or companies based within the United Kingdom.

*** Denotes a mandatory field**