

Applicants Copy

Policy No. ADV

Thank you for choosing the Adventures scheme for your Travel Insurance requirements. Cover will commence as soon as the Issuing Agent has validated this application. Your attention is drawn to the MEDICAL CONDITIONS AND MATERIAL FACTS WARRANTY overleaf.

PLEASE COMPLETE THE WHITE BOXES IN BLOCK CAPITALS

1. Applicant

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>	Age/DoB*	<input type="text"/>
Address:	<input type="text"/>						
	<input type="text"/>						
	Post-Code			Telephone No.			
<input type="checkbox"/> Tick box if I.O.M /Channel Isles resident ___ (14.9% premium deduction)							

2. List of all other persons to be insured

Title	Initials	Surname	Age/DoB*	Title	Initials	Surname	Age/DoB*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Full Date of Birth details are required only for Annual Cover, otherwise show current age only.

3. Details of cover required (please note cover cannot be backdated)

Single Trip	Annual Multi-trip
Departure Date <input type="text"/> Return Date <input type="text"/> No. of Days <input type="text"/>	Policy Start Date <input type="text"/> / <input type="text"/> / <input type="text"/> 200 Important: Cover under the 'Cancellation' section of the policy will only commence from the Policy Start Date selected.

4. Other cover options (please tick appropriate boxes)

Part 'A' only <input type="checkbox"/>	Parts 'A & B' <input type="checkbox"/>	Adventures Category (e.g. i, ii etc.) <input type="text"/>										
Activity(ies) (in full) <input type="text"/>												
Areas Area 1 UK <input type="checkbox"/> Area 2 Europe <input type="checkbox"/> <small>(excluding Israel, Syria, Lebanon)</small> Area 3 World Wide <input type="checkbox"/> <small>(excluding USA, Canada, Caribbean)</small> Area 4 World Wide <input type="checkbox"/>	Cancellation Top-up cover? If Yes, additional Sum Insured required £ <input type="text"/>	<table border="1"> <thead> <tr> <th colspan="2">Premiums</th> </tr> </thead> <tbody> <tr> <td>Part 'A'</td> <td>£ <input type="text"/></td> </tr> <tr> <td>Part 'B'</td> <td>£ <input type="text"/></td> </tr> <tr> <td>Cancellation Top-up premium</td> <td>£ <input type="text"/></td> </tr> <tr> <td>Total</td> <td>£ <input type="text"/></td> </tr> </tbody> </table>	Premiums		Part 'A'	£ <input type="text"/>	Part 'B'	£ <input type="text"/>	Cancellation Top-up premium	£ <input type="text"/>	Total	£ <input type="text"/>
Premiums												
Part 'A'	£ <input type="text"/>											
Part 'B'	£ <input type="text"/>											
Cancellation Top-up premium	£ <input type="text"/>											
Total	£ <input type="text"/>											

5. Payment methods – either enclose your cheque or provide credit card details below

Please debit my **SWITCH (MAESTRO) / VISA / MASTERCARD** with £

Card No

Card Valid From Card Expiry Date **SWITCH (MAESTRO) CARD** Issue Number

Authorised Signature: _____ Cardholder's Name _____

Address (if different from above) _____

6. Declarations

Declaration (Applicant) I declare to the best of my knowledge and belief I have advised you of all material facts (any fact which is likely to influence the rate or cover to be provided by the Underwriting Agents) and that I have read the **MEDICAL CONDITIONS AND MATERIAL FACTS WARRANTY** overleaf. I understand that you may exchange information with other insurers or their agents to check the answers I have provided and you have my authority to do so.

Signed _____

Date _____

Issuing Agent's Declaration (if applicant not present) I confirm that I have read out the declaration (opposite) to the Applicant who has confirmed that they fully understand the terms and conditions of the policy and have authorised me to sign it on their behalf.

Signed _____

Validation Stamp

Date of issue: _____

Travel Insurance

This Application Form when properly validated will become your Confirmation of Cover and Schedule. You will also be issued with a booklet giving the full Policy wording. Both documents together form your Insurance Policy.

MEDICAL CONDITIONS AND MATERIAL FACTS WARRANTY

You will not be covered:

1. For any trip where at the time of taking out this insurance, (and in the case of Annual Multi-trip at the time of booking each trip), the person whose condition gives rise to a claim:
 - a) is waiting for an operation, hospital consultation (other than for regular check-ups for a stable condition) or other hospital treatment or investigations, or are awaiting the results of any tests or investigations; or
 - b) has received a terminal prognosis; or
 - c) is travelling against medical advice or for the purpose of obtaining treatment; or
 - d) is expected to give birth before or within fourteen weeks of the date of arrival home.

Note: The above exclusion applies not only to you, but also to close relatives or other persons on whom the trip depends.

2. For trips outside your home country where at the time of taking out this insurance (in the case of Annual Multi-trip at the time of booking each trip) you answer "yes" to any of the 'Medical Screening Questions' below, and fail to contact the Medical Screening Line.

Medical Screening

If you need to telephone the Medical Screening Line, you will be asked simple questions about your medical condition, medication, trips to the doctors, and other related matters.

In most cases, cover is provided under normal terms. If, as a consequence of your call, we wish to impose special terms, these will be advised to you immediately, and confirmed in writing.

Please note terms may vary depending on destination, period of travel and other factors.

Medical Screening Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| i) Do you have more than one of the following conditions?
Asthma (well controlled and not requiring supplementary oxygen), Benign Lumps, Cataracts, Diabetes (if well controlled and no associated conditions), Gall Stones/Gall Bladder removal, Gout, Under-active/Over-active Thyroid. | <input type="checkbox"/> | <input type="checkbox"/> |
| ii) Within the last year, have you been treated as a hospital in-patient or been referred to a specialist consultant? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii) Have you ever been treated for a breathing or heart related condition (including angina) or circulatory condition including Deep Vein Thrombosis or High Blood Pressure/ Hypertension? | <input type="checkbox"/> | <input type="checkbox"/> |
| iv) Have you ever been diagnosed with cancer? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered **No** to all questions you do not need to call the Medical Screening Line

If you have answered **Yes** to any of the questions please telephone the Medical Screening Line on **0845 230 5555**

between the hours of 8.00am to 6.00pm Monday to Friday to confirm acceptability of cover. (Please note: Mondays are normally very busy. You may prefer to call at other times.)

Note: You do not need to phone the Medical Screening Line if your trip is within the United Kingdom.

Who are the Insurers

The Adventures Travel Insurance scheme is arranged by Travel Insurance Specialists P J Hayman & Company Limited.

The Adventures scheme is underwritten by UK Underwriting Limited on behalf of:

AXA Insurance UK plc. Registered Office: 5 Old Broad Street, London EC2N 1AD, Registered in England No. 78950.

UK Underwriting Limited and AXA Insurance UK plc are authorised and regulated by the Financial Services Authority. This can be checked on the FSA's register by visiting the FSA's website at www.fsa.gov.uk/register or by contacting them on 0845 606 1234

P J Hayman & Company Limited are appointed representatives of Crispin Speers & Partners Limited who are authorised and regulated by the Financial Services Authority. Their register number is 311507.

Demands and Needs Statement

The Adventures Travel Insurance scheme is typically suitable for those who wish to insure themselves on either a Single Trip or Annual Multi-trip basis. You choose the level of cover you require. Part A may be taken in isolation. Part B is only available if Part A has also been selected.

Part A provides cover for Medical & Emergency Expenses, Personal Accident, Personal Liability, Activity Equipment and Legal Expenses.

Part B provides cover for Baggage, Personal Effects, Money and Documents, Cancellation, Loss of Deposit or Curtailment, Travel Disruption and Travel Delay.

You may already possess alternative insurance(s) for some or all of the features and benefits provided by this product. It is your responsibility to investigate this.

P J Hayman & Company Limited has not provided you with any recommendation or advice about whether this product fulfils your specific insurance requirements.

Making A Claim

Full details of the Claims Procedure may be found on page 11 of your policy document.

Making A Complaint

Full details of the Complaints Procedure may be found on page 11 of your policy document.

24 Hour Emergency Medical Assistance

You will need to contact the Medical Assistance Service immediately if you are hospitalised abroad or you have to return home early or extend your stay due to illness or injury. You must also tell them when your medical expenses exceed £300. Page 12 of your policy document refers.

Contact details (from outside the UK): **Phone +44 (0) 845 260 1575 Fax +44 (0) 845 218 7831 e-mail: assistance@primaryassist.co.uk**

Data protection

Information about your Policy may be shared between P J Hayman & Company Limited and UK Underwriting Limited on behalf of AXA Insurance UK plc for underwriting purposes.

You should understand that the sensitive health and other information you provide will be used by us, our representatives, the insurer, other insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud.

This may involve transferring information to other countries (some of which may have limited or no data protection laws). We have taken steps to ensure your information is held securely. Your information will not be shared with third parties for marketing purposes. You have the right to access your personal records.