



PERSONAL DETAILS

Mr/Mrs/Miss/Ms:	Initials:	Surname:	Date of Birth:
Address:		Postcode:	
Telephone number (Daytime):	(Evening):		

ADDITIONAL PERSON TO BE COVERED (if applicable)

Name:	Date of Birth:
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MOTORCYCLE TO BE COVERED (if Breakdown cover is included)

Make:	Model:
Registration Number:	Year:

Only machines less than 15 years old at the commencement of cover can be insured for breakdown

COVER OPTIONS

Tick what you require: Winter Sports Annual cover Single trip Premium

Breakdown Service only				£
Breakdown Service & Personal Travel Insurance for up to 2 people				£
Personal Travel Insurance only				£

COVER DATES (cover must begin on the day you leave your home address and finish on the day you return to your home address)

Date leaving home:	Date arrive back home:	Number of days
Tick where you are going (see Zones below)	Europe Zone 1	Europe Zone 2

MEDICAL WARRANTY *THIS MUST BE COMPLETED IN ALL CASES PLEASE****

The insurance operates on the basis that you are healthy, fit to travel and to undertake the trip, and that you are not travelling against medical advice or with the intention of obtaining medical treatment abroad. Unless you declare otherwise to us, you will be held to warrant that the above is true both at the time you book the trip and at the time you commence the trip. **No claim arising directly or indirectly from any pre-existing medical condition affecting any person travelling under this insurance will be covered unless you declare that condition to us prior to the commencement of the trip and we accept it for insurance in writing. For the purposes of this insurance, a pre-existing medical condition is considered to be:**

1) Any of the following medical conditions which you have required medical consultations, any treatment, surgery, investigation(s) or follow-ups at any hospital, surgery or clinic during the 2 years prior to the commencement of cover under this policy and/or prior to any Trip: <ul style="list-style-type: none"> diabetes mellitus; cancer, any growth or form of malignancy; epilepsy or fits; asthma, bronchitis or any other lung or respiratory condition; any kidney or bladder disorder; any mental or psychological condition; or 		
2) any other medical condition that <ul style="list-style-type: none"> is ongoing; or has given rise to symptoms, required medical attention or treatment, or for which medication has been prescribed during the 2 years prior to the commencement of cover under this policy and/or prior to any Trip; or 		
3) any cardiovascular problems (e.g. heart attack, angina, chest pain, palpitations, any other heart condition, hypertension (raised blood pressure), blood clots, raised cholesterol; any cerebrovascular problems (e.g. stroke, transient ischaemic attack, brain haemorrhage) that has occurred at any time prior to the commencement of cover under this policy and/or prior to any Trip.		
1. Is anyone travelling under this policy aware of any UNDIAGNOSED symptoms that may require treatment or investigation in the future?	Yes	No
2. Has anyone travelling under this policy been prescribed any medication, received any treatment, or attended any consultations, investigations or follow-ups, for ANY medical or psychological conditions in the last 2 years?	Yes	No
3. Has anyone travelling under this policy EVER been prescribed medication, received treatment or had investigations, for: <ul style="list-style-type: none"> A heart attack, angina, chest pain(s), or any other heart condition? High blood pressure, blood clots, raised cholesterol, or circulatory disease? Any form of stroke, TIA (transient ischaemic attack), or brain haemorrhage? 	Yes	No

In order to ensure that you will be adequately covered while travelling abroad it is necessary that you answer these 3 questions.
(If you answer "Yes" to any of the health questions, ring Europ Assistance on 0870 737 5851 between 9am & 5pm to provide further information)

DECLARATION

See the next page for premium & payment options

<p>I declare that to the best of my knowledge and belief:</p> <ul style="list-style-type: none"> The vehicle and all the persons to be insured are eligible for this insurance The information provided is true and complete and that the applicant has not concealed anything material for the Insurers. I will accept responsibility for the payment of the appropriate premium. I agree that this declaration shall be incorporated in, and form part of, the contract between the Insurers and all Insured Persons <p>Signed: _____ Date: _____</p>
