

# PROPOSAL FORM

Please complete pages 3 & 4 of this Proposal Form in full and in BLOCK CAPITALS.

## DISCLOSURE

It is important that complete information is given, and it is your duty to disclose all material facts necessary for us to consider your application. A material fact is one which is likely to influence us in the assessment and acceptance of the insurance, such as previous claims history and intended participation in hazardous activities. If you are in doubt as to whether a fact is material, then it should be declared, as a failure to do so could invalidate the policy.

## GENERAL DETAILS

Full name of Proposer / Company including trading name(s):	Company Name:	<input type="text"/>			
	Address:	<input type="text"/>			
		<input type="text"/>			
		Postcode:	<input type="text"/>		
Business Contact Numbers:	Telephone:	<input type="text"/>	Email address:	<input type="text"/>	
	Fax:	<input type="text"/>	Website:	<input type="text"/>	
Period of Annual Insurance:	From:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Renewal Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Short description of business:	<input type="text"/>				
	<input type="text"/>				
Contact name at your company:	<input type="text"/>			Number of employees:	<input type="text"/>

## RISK DETAILS

1. Will any persons to be insured be travelling to any area against the advice of the Foreign & Commonwealth Office? (please see [www.fco.gov.uk](http://www.fco.gov.uk) for more details). If YES, please give details below.  NO  YES
2. Will any persons to be insured be involved in any manual work or be working in a high risk environment? If YES, please give details below.  NO  YES
3. Will any persons to be insured be resident outside the EU? If YES, please give details below. (Please note that cover is only available for persons resident within the EU on this scheme. If you would like cover for persons outside of this area please contact us).  NO  YES
4. Will any persons to be insured be over the age of 65? If YES, please give details below.  NO  YES
5. Do you wish to insure sub-contractors? If YES, please provide a separate staff list or travel pattern for them along with any details of their occupational risks.  NO  YES
6. Do you wish the Travel Plus - Business policy to cover your employees leisure travel? If YES, please provide the numbers of staff to be covered. Please note that this cover would be subject to a higher rate of Insurance Premium Tax (IPT).  NO  YES
7. Do you wish the Travel Plus - Business policy to cover your employees for Hazardous Activities (other than those shown as being covered on Page 2 of this document)? If YES, please give details below.  NO  YES

Details - please continue on a separate sheet if required

# BASIS OF PREMIUM CALCULATION

The Travel Plus - Business policy premiums can be calculated in one of three ways:-

**1) Per Person**

Cover under this option is provided either on a "blanket basis" for all staff employed by the company or just for certain nominated staff members. Please indicate the number of travelling staff in your company

**(Please note:** if cover is not required for all staff, we will require the names of those members of staff who will be travelling – please attach a separate list). Cover is limited to a maximum of 60 days duration any single trip. If staff are likely to be travelling for more than 60 days, please indicate what the maximum duration per trip would be.

**2) Specified Travel Pattern**

Please give below the estimated travel pattern for all insured persons for the forthcoming 12 months split by the Area of Travel (see definitions on Page 2). Please note that 10 people travelling on the same trip would be considered 10 separate trips for the purposes of this calculation as would one person undertaking 10 trips.

Please indicate the number of travelling staff so we can provide the correct number of policy wordings

Area of Travel*	Anticipated Travel Pattern		Anticipated total No. of travel days
	No of Trips	Average Duration	
UK	<input type="text"/>	<input type="text"/>	<input type="text"/>
Europe	<input type="text"/>	<input type="text"/>	<input type="text"/>
Worldwide excl. USA/ Canada/ Caribbean	<input type="text"/>	<input type="text"/>	<input type="text"/>
Worldwide incl. USA/ Canada/ Caribbean	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Area of Travel definitions are shown on Page 2. Please note that the maximum duration of any single trip on a Travel Pattern basis is 183 days.

**3) Tailored options**

To include premiums based on existing claims experience, special covers or limits and complementary cover to existing Private Medical Insurance arrangements. Please contact P J Hayman & Company Ltd on **0845 230 3526** with your requirements for a quotation.

**Claims History**

Has any Insurer declined to renew or provide cover, imposed special terms or cancelled any Business Travel policy (within the last 5 years)?  NO  YES

If 'YES' please give full details

Please provide details (below) of all Business Travel Insurance Claims made during the last 3 years

Date	Type of Claim	Details	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Declaration**

I/we declare that:-

All statements and particulars in this proposal form are to the best of my/our knowledge and belief are correct and complete and that this proposal form shall form the basis of a contract between me/us and the policy underwriters.

Name of Authorised representative  Position

Signature

Date

Agent Stamp  
  
**JB10002**