

## PROPOSAL FORM FOR TRAVEL INSURANCE (Single Trip)

### IMPORTANT NOTES

Filling and signing this application form does not automatically result in a contract. Insurance becomes in force once United Insurance Company has agreed to bind cover.

Insurers, their agents, brokers and insurance associations may share information to prevent fraudulent claims and for underwriting purposes.

All questions must be answered fully. Ticks and dashes are not sufficient.

**Please answer every question fully.**

1. Name of Proposer(s):
2. Address:
3. Telephone No:
4. E-mail address:
5. Website:
6. What is the usual business of the Proposer(s):
7. How long engaged therein?

Schedule No. 1 of 1 forming part and attaching to

**Policy No:** \_\_\_\_\_

- Area:**
- 1 - GCC
  - 2 – Europe
  - 3 - Maghreb, the Azores, Canary Island, Madeira and Iceland
  - 4 – Worldwide (excluding USA & Canada)
  - 5 – Worldwide (including USA & Canada)

**Period of Insurance:** From: \_\_\_\_\_

To: \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Insured persons	Age	Winter sports, diving or other hazardous activities to be included? Y/N

Date and Time of Issue: \_\_\_\_\_

Total Premium Paid: \_\_\_\_\_

Source: \_\_\_\_\_

Duty Paid: \_\_\_\_\_

Policy Fee: \_\_\_\_\_