



Offshore Marine Insurance Services Ltd

Annual Business Travel Proposal Form

Please complete the form in full

Before we can provide the renewal/terms we require details of the estimated travel for the next 12 months in the table below.

When calculating the number of trips please ensure that it is the total number of trips e.g. if two people travel on a trip this must be calculated as two trips.

Company Name:	Full Name:
If a Sole Trader what Name do you Trade Under?	
Nationality:	Start Date of Policy Cover:
Address:	Telephone Number:
Business Description:	Email:
Manual or Non-Manual work Undertaken?	Normal Country of Domicile:
Estimated Turnover:	Does your work entail Offshore work? YES / NO
Please advise if any person to be covered will be over the age of 65?:	Number of Employees:
Holiday/Pleasure trip extension required: YES/NO (Please enter details in the chart below)	

Destination:	Business Trips Number of trips	Business Trips Average Duration	Holiday/Pleasure Trips Number of trips	Holiday/Pleasure Trips Average Duration
Trips to Europe				
Trips to USA/Canada				
Trips to West Africa				
Trips elsewhere in The World				
Trips within the United Kingdom *				

(*Which must include an Overnight stay away or an air flight. Answer only if you wish to include such trips).

If you have entered a Worldwide destination can you please advise the countries below and number of estimated trips in 12 months:

	Destination:	Number of trips		Destination:	Number of trips
1.			4.		
2.			5.		
3.			6.		

With effect from renewal the trip duration shall be limited to 31 Days. (If cover is required for longer trips please give full details of any trips over 31 days duration):	
---	--

Do you take any Helicopter Flights as a passenger? If so how many per annum?	
Do you have any secondees based abroad?	YES / NO

If YES, please state:

1) Name:	
2) Countries of secondment:	
3) Period of secondment for which cover is required:	
4) Nationality of secondees:	

Are there likely to be any trips by any employee exceeding 3 months in duration?	YES / NO
If so, how many people on the trip and for how long?	
Have you had any claims concerning travel insurance in the last 5 years?	YES / NO
If 'YES' can you please provide claim details here:	

Please note that this Insurance will now exclude any act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent and "excluded countries" clause will apply if you wish to see a full copy of these, please contact us.

Finally, the Accumulation Limit applicable to the Personal Accident Section of this Insurance shall be £2,500,000 (or any currency equivalent) or the expiring limit, whichever the less.

I declare that the information given in this Proposal Form is to the best of my knowledge and belief, correct and complete in every detail and will be the basis of the contract between me and The Underwriters (The Company).

Signature:	
Date:	

Please note you can type your signature and the date above as Underwriters will accept this.