

**Annual / Short Period Business Travel Proposal Form**  
*Please complete the form in full*

|   |  |
|---|--|
| Company / Trading name (if applicable)    |  |
| Company address (if applicable)           |  |
| Insured Persons(s) (full names)           |  |
| Insured Persons address                   |  |
| Telephone Number                          |  |
| Email                                     |  |
| Date of birth                             |  |
| Nationality                               |  |
| Business Description / Occupation         |  |
| Manual or non-manual work undertaken      |  |
| Does your work entail offshore work       |  |
| Estimated Turnover                        |  |
| Total number of employees (if applicable) |  |
| Start Date of Policy Cover                |  |

Before we can provide the 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.

**Estimated Travel Pattern for the next 12 months:**

| <b>Destination:</b>               | <b>Business Trips<br/>Number of trips</b> | <b>Business Trips<br/>Average Duration</b> | <b>Maximum Trip<br/>Duration</b> |
|-----------------------------------|---|--|----------------------------------|
| Trips to Europe                   |   |  |                                  |
| Trips to USA/Canada               |   |  |                                  |
| 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:**

|    | <b>Destination:</b> | <b>Number of<br/>trips</b> |    | <b>Destination:</b> | <b>Number of<br/>trips</b> |
|----|---------------------|----------------------------|----|---------------------|----------------------------|
| 1. |                     |                            | 4. |                     |                            |
| 2. |                     |                            | 5. |                     |                            |
| 3. |                     |                            | 6. |                     |                            |

|  |  |
|--|--|
| Do you require the Holiday Travel Extension Cover? |  |
|--|--|

|   |  |
|---|--|
| Do you have any employees domiciled outside the UK? |  |
|---|--|

If YES, please confirm their name, date of birth, country of domicile and travel estimates for business trips outside their country of domicile:

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|  |
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|  |  |
|--|--|
| Have you had any claims concerning travel insurance in the last 5 years? |  |
|--|--|

If YES please provide details below:

|  |
|--|
|  |
|--|

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).

|                   |  |
|-------------------|--|
| <b>Signature:</b> |  |
| <b>Date:</b>      |  |

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