

GROUP BUSINESS TRAVEL INSURANCE APPLICATION FORM

INSURANCE APPLICATION Part one

Policyholder details

Policyholder:

(Assured Company Name)

Business Address:

Email:

Website:

Telephone Number:

Principal Contact Name:

Position in Company:

Business Description:

(see additional information)

Taxpayer ID No:

Period of cover start date:

(12 months duration)

Geographical Area(s):

E.G. Worldwide

ESTIMATED BUSINESS TRAVEL PATTERN

AREA	No. Trips	Minimum Duration	Average Duration	Maximum Duration
HOME COUNTRY				
EUROPE EU/EEA/UK				
EUROPE OTHER				
AFRICA				
USA/CANADA/JAPAN				
ASIA AND M.E.A.				

INSURANCE APPLICATION Part two

Policyholder details

MANDATORY INFORMATION

Please provide us with as much information as you can about your business travel activity.

In particular the following information is required on a mandatory basis:

Please specify in detail if you travel to any remote areas more than 300 km from a hospital of international standards of emergency care, or to any countries that are subject to government travel Advisory warnings or restrictions or war or civil unrest or international sanctions.

Provide the full details of the business activities that are to be carried out.

If business travel activity includes manual work, the use of machinery, working at heights or other Activities that carry a risk of injury please provide us with full details.
Please provide a full list of names, date of birth and legal Country of Residence for all employees to be insured and of their spouses and children if leisure cover is required. Please provide these details in excel.
For all staff not resident in your head office country please specify their country of residence.
If you have a company health insurance policy that provides overseas benefits, please advise us.

Previous Claims History (3 years):

Existing Insurer and Premium:	
Age Limit (oldest insured):	
Category of Insured Persons: (example) Directors and Senior Managers as declared (example) travelling for business purposes only and/or to include Leisure Travel	
Number of Insured Staff/Directors:	
Is Leisure (Holiday) Cover Required:	
If Yes supply number of co-habiting partners (spouse) and children to be added (if required):	
Maximum trip duration required:	

PLEASE NOTE THAT FAILURE TO PROVIDE THE ABOVE MANDATORY INFORMATION WILL RESULT IN NO QUOTATION BEING PROVIDED.

DISCLOSURE

Please ensure that a duly authorised officer of the Assured Company has reviewed the above and provided us with all the information we require. If you have any doubts as to whether or not a fact is material to our acceptance or assessment of the risks proposed for insurance you should tell us about it as omission or misstatement may invalidate this insurance. Please ensure that you keep a copy of this proposal and any related correspondence.

THIS PROPOSAL AND DECLARATION MUST BE SIGNED BY AN AUTHORISED OFFICER OF THE ASSURED COMPANY EMPOWERED TO SIGN ON THE ASSURED COMPANY'S BEHALF.

DECLARATION

I/WE DECLARE THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF NO MATERIAL INFORMATION WHICH MAY INFLUENCE UNDERWRITERS IN THEIR ACCEPTANCE OF THIS INSURANCE HAS BEEN WITHHELD. I/WE UNDERTAKE TO DECLARE ANY CHANGES IN THE PHYSICAL OR MENTAL HEALTH OR PERSONS INSURED WHICH MAY AFFECT THE COVER PROVIDED. I/WE DECLARE THAT I/WE HAVE READ THE INFORMATION CONTAINED IN THIS APPLICATION AND WILL BE BOUND BY POLICY TERMS AND CONDITIONS A COPY OF WHICH HAS BEEN SUPPLIED TO US.

Name of Proposer: _____

Assured Company: _____

Position/Job Title: _____

Signature of Proposer: _____

Date: _____

PLEASE RETURN THIS APPLICATION FORM COMPLETED FULLY COMPLETED TO THE INTERMEDIARY/INSURANCE AGENT WHO PROVIDED THIS FORM TO YOU.

For full details of what data we collect about you, how we use it, who we share it with, how long we keep it and your rights relating to your personal data, please refer to our Privacy Policy at [Privacy Policy and Cookies – Learn How Globelink Operates](#) or please ask a member of staff for details.