

## GROUP BUSINESS TRAVEL APPLICATION FORM



Full name of Company and Address (including trading names and subsidiaries to be insured)

Contact Name:

Tel No:

Email Address:

Business Description of Company:

Cover to commence:

### RISK DETAILS

1. Are any persons to be covered not resident in the UK and/or over the age of 70 years? Yes / No
2. Do any planned trips involve travel to any area against the advice of the Foreign & Commonwealth Office? (visit [www.fco.gov.uk](http://www.fco.gov.uk) for more details). Yes / No
3. Do you require cover to be extended to include terrorism & war risks? If Yes please state countries below. Yes / No
4. Do any of those travelling: i) have any pre-existing conditions. ii) have consulted a doctor in the past 12 months (other than for very minor conditions). iii) be aware of any matter that could result in the cancellation of a trip. Yes / No
5. Have you made any claims on a travel policy? (or have there been any instances that would have given rise to a claim if no insurance was in place) in the past 3 years? Yes / No

Please provide details to any Yes answers below:

#### War & Terrorism Risks

The standard policy does not provide cover in any country where the Foreign and Commonwealth Office has advised against all travel however for certain other territories cover can be extended to include war and terrorism risks. This extension shall not apply to UK trips and will be subject to an additional premium.

Do you require cover to be extended to include terrorism & war risks? If Yes please state countries you visit below Yes / No

Please Note: Any extension will be subject to review during the policy period and cover should be reconfirmed prior to any trip.

*Continued Overleaf*

## TRAVEL DETAILS

The following information will be used by Insurers to calculate the annual premium payable. Actual travel can exceed the estimated pattern by 10% before Insurers will seek any premium adjustment.

### Business Travel (including accompanying spouses and dependent children).

Please state your estimated travel pattern for the forthcoming twelve months in the grid below. Please enter the number of trips in each section bearing in mind that trips are per person e.g. 3 persons on the same trip counts as three trips.

	UK	EUROPE	WORLDWIDE	USA & CANADA
Up to 4 days				
5 - 7 days				
8 - 14 days	Trips in UK over 7 days are not covered			
15 - 21 days				
22 - 31 days				
Up to 2 months				
Up to 3 months				

### Overseas Work

Please state type of work undertaken:

1. 100% of trips are non-hazardous where there is minimal physical effort
2. Up to 25% of trips include very light manual work or some supervisory duties only, the rest clerical
3. Up to 75% of trips include very light manual work or some supervisory duties only, the rest clerical
4. Up to 25% of the trips include manual work (excluding construction), the rest clerical
5. Up to 75% of the trips include manual work (excluding construction), the rest clerical
6. 100% of the trips involve manual work (excluding construction)

If none of the above please provide further details:

### Holiday & Leisure Travel

Do you require cover for Directors and/or Employees? Yes / No

If Yes please provide names of Insured Persons (please submit a separate list if there is not enough space below)

Please Note: Cover includes winter sports and automatically applies to Spouses and Dependent Children including up to 31 days in all for unaccompanied travel.

## DECLARATION

I/we understand that this information is provided for the purposes of providing terms for a Corporate Business Travel Policy and that the statements are to the best of our knowledge and belief true and accurate.

I/we also understand that any information provided will be processed in compliance within the provisions of the Data Protection Act 1998 which may necessitate providing such information to third parties.

Signed:..... Dated:.....



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