



**Travel Insurance Proposal & Policy Schedule**

Name:		Age:	
Address:		Tel:	
Names of other applicants:	Age:	Names of other applicants:	Age:
2.		6.	
3.		7.	
4.		8.	
5.		9.	

Area to be visited:

1. Europe	<input type="checkbox"/>
2. Worldwide excl USA / Canada	<input type="checkbox"/>
3. Worldwide	<input type="checkbox"/>

Number of persons aged:                      Under 16               16 – 69               70 - 79

Tick box if WINTER SPORTS Cover is Required

Duration of holiday (Maximum Period of 90 Days):               From:  To:

PREMIUM:    £  This schedule attaches to and forms part of the policy.

**Health Warranty**

The admission of claims under this Policy is subject to the express warranty that any

- (a) Insured
- (b) Person with whom the Insured has arranged to travel or stay

was not to the best of the knowledge and belief of the Insured receiving or awaiting medical or surgical treatment at the time of effecting the insurance.

*I/We declare that the information given in this proposal is to the best of my/our knowledge correct and complete in every detail.*

*Further I/we agree that if my/our answer has been written by any other person on my/our behalf, such person shall for that purpose be regarded as my/our Agent and not the Agent of Middlesea Insurance p.l.c.*

**When completing this application you should disclose any fact which may influence the acceptance of the risk. Please note that the Policy excludes claims directly or indirectly connected with any pre-existing medical condition.**

Signature of first named applicant:               Date: