

## M & C GENERAL INSURANCE COMPANY LIMITED TRAVEL INSURANCE APPLICATION FORM

All shaded areas must be completed as appropriate

Date of Departure

Date of Return

Period of Insurance  
(Total number of days outside of your home country)

Selected Plan (please tick)      Plan A      Plan B

    

Selected Option (please tick)

Individual      Family      Group      Annual Multi Trip

                

Do you require any of the following extensions?      (a) Money, Travellers Cheques & Documents.      Yes \_\_\_\_\_ No \_\_\_\_\_      (b) Cancellation and Curtailment.      Yes \_\_\_\_\_ NO \_\_\_\_\_

**COUNTRY TO BE VISITED:**

**BENEFICIARY:**

Persons to be Insured (state Mr/Mrs/Miss)	Date of birth	Sum Insured	Premium per person	Premium inc. additional Premium for Wintersports or for Terrorism extension
1				
2				
3				
4				
5				

**Total Premium**

Address of Applicant

Telephone

Name, address and contact details of usual family Doctor

To be read and signed by the applicant

I hereby declare that all persons named in this application form are in good health and will not travel unless they are in good health and fit to undertake the insured trip nor has anyone named in this application been diagnosed with and does not suffer from any medical condition for which medical treatment may be required. Furthermore all persons named in this application will not travel against medical advice or for the purpose of obtaining medical treatment. I further declare that I am not aware of any reasons, in connection with the health of anyone named on this application, that could result in any claim under this insurance. I am aware that this is not a general health insurance policy and that pre-existing medical conditions are not covered. I have been made aware of the important terms and conditions of this insurance and that certain restrictions to cover do apply. I also understand that this application does not feature all of the coverage issues, terms, conditions and exclusions which are fully described in the certificate wording.

I am a permanent resident of  and I am over 18 years of age.

Signed:

By the Applicant on behalf of all insured persons

Date