

TRAVEL INSURANCE PROPOSAL FORM

Insured Details			
First Name		Middle Name	Last Name
PO Box:	Emirate:		Tel: Fax: Mobile:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Age	Nationality:
Passport no:			

Travel Details			
Product:	<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Hajj/Umrah
Travel dates	From:	To:	
Period of Travel:	<input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 120 Days <input type="checkbox"/> 150 Days <input type="checkbox"/> 180 Days		
Single Trip: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Trip: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Territorial Limits:	<input type="checkbox"/> Schengen + UK	<input type="checkbox"/> Worldwide Including USA/CANADA	<input type="checkbox"/> Worldwide Excluding USA/CANADA
Winter Sports Cover (Optional cover with additional premium) : <input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Members						
Full Name	Passport No.	Nationality	Gender (M/F)	Date of Birth	Age	

Beneficiary Details	
Name of the beneficiary :	
Relationship :	

Declaration	
I/we hereby declare that to the best of my/our knowledge:	
(i) I/we have read and agreed to the terms and conditions of the policy	
(ii) All insured persons are in good health	
Signature	Date

Required documents: Passport Copy & Valid U.A.E. Residence Visa Copy.