# TRAVEL INSURANCE PROPOSAL FORM

## Insured Details

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PO Box:</th>
<th>Emirate:</th>
<th>Mob:</th>
<th>Tel:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Male [ ]</th>
<th>Female [ ]</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Nationality:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Passport no:</th>
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<tbody>
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</table>

## Travel Details

<table>
<thead>
<tr>
<th>Product:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual [ ]</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Period of Travel:</th>
<th>7 Days</th>
<th>14 Days</th>
<th>21 Days</th>
<th>30 Days</th>
<th>45 Days</th>
<th>60 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90 Days</td>
<td>120 Days</td>
<td>150 Days</td>
<td>180 Days</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Single Trip:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Trip:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Plan:</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
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<table>
<thead>
<tr>
<th>Territorial Limits:</th>
<th>Schengen + UK</th>
<th>Schengen only</th>
<th>Worldwide Including USA/CANADA</th>
<th>Worldwide Excluding USA/CANADA</th>
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<tbody>
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</table>

### Optional Cover

(Additional premium will apply)

<table>
<thead>
<tr>
<th>Winter Sports Cover:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Terrorism Extension:</th>
<th>Yes</th>
<th>No</th>
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<td></td>
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## Additional Members

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Passport No.</th>
<th>Nationality</th>
<th>Gender (M/F)</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
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## 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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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## Required documents