



Annual Travel Policy Proposal Form



NFU Mutual

Applicant (individual or full company name)

April 2009

Mr/Mrs/Miss _____ First Name _____ Surname _____

Address

Postcode

Daytime Telephone Number

Cover required (tick boxes as applicable)

Maximum Length of Trip

- INSURED ONLY
- INSURED & SPOUSE / PARTNER
- SINGLE PARENT & FAMILY
- INSURED, SPOUSE / PARTNER & FAMILY

- WORLDWIDE
- EUROPE ONLY

- 60 Days
- 90 Days
- 120 Days

Existing Islands Insurance Home Policy Holder

Please quote your HOME POLICY NUMBER _____

The commencement date is the date you wish the insurance to start, not your first date of travel. This will activate the Cancellation cover.

Commencement Date of Insurance:

Principal Insured	Date of Birth	Occupation
Name		
Spouse/Partner	Date of Birth	Occupation
Name		
Family Extension	Date of Birth	
Child 1		
Child 2		
Child 3		
Child 4		

General Questions to be answered on behalf of all applicants.
*You need to answer the questions accurately, as your insurance cover will be based upon your answers.
 Any failure to disclose facts relevant to the risk or yourself, could invalidate your cover.*

Please Tick YES or NO
If you have ticked a shaded box, please give full details below.

- Have you, your spouse/partner, or any other member of your family who normally lives with you:
- a) Ever been convicted of, or charged with (but not yet tried), or received a police caution for a criminal offence other than a motoring offence?
 - b) Ever been declared bankrupt or been the subject of bankruptcy proceedings, court judgements or made arrangements with creditors?
 - c) Ever been refused travel insurance or had special conditions imposed?

Yes No

General Questions (continued) to be answered on behalf of all applicants. <i>You need to answer the questions accurately, as your insurance cover will be based upon your answers. Any failure to disclose facts relevant to the risk or yourself, could invalidate your cover.</i>	Please Tick YES or NO If you have ticked a shaded box, please give full details below.
Do you or any person to be insured know of any circumstances likely to cause cancellation, abandonment or rearrangement of journeys?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have any of the persons to be insured suffered losses in respect of any risk proposed or claimed under any previous travel policies in the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is cover required for any hazardous sport or activity, such as, horse racing, show jumping, polo, mountaineering, rock climbing, pot holing, caving, private flying, motor car racing, unarmed combat, off-piste skiing, yachting or boating (other than within 10 miles of land), any bungee sports, professional sport or service with the armed forces? <i>(Refer to Islands' Insurance if in doubt)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do your journeys involve manual or supervisory work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Questions <i>You need to answer the questions accurately, as your insurance cover will be based upon your answers. Any failure to disclose facts relevant to the risk or yourself, could invalidate your cover.</i>	Please Tick YES or NO. If you have ticked a shaded box, please complete a Travel Medical Condition Declaration form available online.
Are all persons to be insured in good health and not travelling against medical advice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any person to be insured suffered from any illness or injury during the last twelve months which has necessitated inpatient treatment, or been under the care of a specialist consultant (including being referred)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any person to be insured currently receiving treatment or taking prescribed medication, or are they due to receive any medical treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do any of the persons to be insured suffer from any recurring disease or condition, physical defect or infirmity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you or any person to be insured ever received treatment for a chronic or malignant disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SPECIAL CONDITION

At the time of purchasing this Insurance or booking a holiday, the Insured Person(s) must not be aware of any reason why the journey or trip should be cancelled or curtailed or expense be incurred and that no person shall travel against the advice of a qualified medical practitioner or for the purpose of obtaining medical treatment.

*Please take a few minutes to read the **Important Information** and the **Data Protection Notice** on the next page.*

Our Commitment to Mutuality

We are fully committed to the concept of mutuality believing that this is the best way of providing sustainable value for money to our customers. As a mutual we have no shareholders and do not therefore pay dividends. As a result we have one of the lowest expense ratios in the insurance industry. We are committed to ensuring that the combined benefits of our mutuality and a low expense ratio are passed on to our General Insurance customers via keen prices, wide cover and good service and our Financial Services customers through low charges, quality investment returns and personalised service. In order that current and future generations of customers continue to enjoy the benefits of mutuality all new policies issued by NFU Mutual contain a windfall assignment clause. Effectively this means that in the unlikely event of demutualisation any windfall payment arising from the policy you are taking out would be paid to NFU Mutual Charitable Trust rather than the policyholder.

DECLARATION

In consideration of NFU Mutual accepting my proposal : -

- I/we undertake and agree with NFU Mutual and the NFU Mutual Charitable Trust ("the Trust") to assign, pay or transfer to the trustees of the Trust all and any rights to which I/we may become entitled at any time by reason or in respect of my/our membership of NFU Mutual by reference to the policy proposed for, on, or in connection with, any transfer of part or all of NFU Mutual's business to any other person, firm or company or any change in the corporate status of NFU Mutual or any distribution out of the funds of NFU Mutual other than
 - the declaration of any customary annual, reversionary or terminal bonus attaching to a policy of life, annuity or capital redemption assurance or
 - any other benefit which the Board of NFU Mutual determines shall not be subject to my/our agreement to assign, pay or transfer;
- I/we undertake to execute and deliver any transfer, deed and/or other documents together with any certificates of title or valuable consideration received by me/us as NFU Mutual or the Trust shall require in compliance with my/our undertaking and agreement set out above; and
- I/we hereby irrevocably severally appoint NFU Mutual and the Trust and any officer of NFU Mutual or the Trust to act as my/our agent to execute on my/our behalf any assignment, transfer form, receipt or other document as may be required in order to effect the above assignment, payment or transfer and I/we hereby authorise and approve each and every act or thing which may be done or effected by NFU Mutual, the Trust or any officer of NFU Mutual or the Trust, as the case may be, in exercise of any of its or his powers and/or authorities given by me/us hereunder.

I/We the undersigned, declare that to the best of my/our knowledge and belief all the information given in this proposal and declaration, which I/we have read over and checked, is true and complete. I am/we are willing to accept the terms and conditions of NFU Mutual and I/we undertake to pay the premium when called upon to do so.

 **Signature of Proposer**

on behalf of all Insured Persons: _____

Date: _____

