

**Applicant** (individual or full company name)

Mr/Mrs/Miss \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

**Contact Details**
**Address:**

 \_\_\_\_\_  
 \_\_\_\_\_

Postcode: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cover required (tick boxes as applicable)	Area	Limit any one Trip
<input type="checkbox"/> INSURED ONLY	<input type="checkbox"/> WORLDWIDE	<input type="checkbox"/> 60 Day Trip Limit
<input type="checkbox"/> INSURED & SPOUSE / PARTNER	<input type="checkbox"/> EUROPE ONLY	<input type="checkbox"/> 90 Day Trip Limit
<input type="checkbox"/> SINGLE PARENT & FAMILY*		<input type="checkbox"/> 120 Day Trip Limit
<input type="checkbox"/> INSURED, SPOUSE / PARTNER & FAMILY*	EXISTING ISLANDS' INSURANCE HOME POLICY HOLDER Please quote your HOME POLICY NUMBER _____	

\* Your children up to age 18 and normally live in your home, or your children between the ages of 18 - 23 provided they are in full time education and normally live in your home.

*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:**
**Planned date of first trip:**

Principal Insured	Date of Birth	Occupation
Full Name		

Spouse/Partner	Date of Birth	Occupation
Full 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 insurance, or had insurance cancelled, declared void (as though it never existed) or had renewal declined or any special terms or conditions imposed?	Yes <input type="checkbox"/> * No <input type="checkbox"/> * A Conviction Questionnaire may be required. Yes <input type="checkbox"/> No <input type="checkbox"/> 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 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>General Questions (continued)</b> 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>	<b>Please Tick YES or NO</b> <b>If you have ticked a shaded box, please give full details below.</b>
Do you or any person to be insured know of any circumstances likely to cause cancellation, abandonment or rearrangement of the journeys?	Yes <input type="checkbox"/> No <input type="checkbox"/>
The sports and activities which are covered as standard by the travel policy are shown on page 4 & 5 of the Information Pack. Are you proposing to do any sport or activity which is not listed as being covered? <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"/>

**Have you ticked a shaded box? If so, please give details:**

<b>Medical Questions</b> 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>	<b>Please Tick YES or NO</b> <b>If you have ticked a shaded box, please give full details below.</b>
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 referred to, or under the care of, a specialist consultant?	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"/>

**Have you ticked a shaded box? If so, please give details on the **Travel Medical Condition(s) Declaration** (last page of this Proposal Form)**

## 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: \_\_\_\_\_

## Travel Medical Condition(s) Declaration

*Please complete this form if you ticked a shaded box in the Medical Questions.*

<b>Name of Policyholder:</b>	<b>Policy/Quote Number:</b>	<b>Policy applied for:</b>	
		<b>Annual Travel</b>	
<b>Medical Condition(s) to be Considered:</b>	<b>Name of Applicant:</b>	<b>Name of Applicant:</b>	<b>Name of Applicant:</b>
	<b>Date of Birth:</b>	<b>Date of Birth:</b>	<b>Date of Birth:</b>
	<i>Medical Condition 1</i>	<i>Medical Condition 2</i>	<i>Medical Condition 3</i>
<b>a) Current Medication, Dosage and Frequency:</b>			
<b>b) When was it first diagnosed and what treatment was given?</b>			
<b>c) Have you required inpatient treatment in Hospital. If so give dates, reason and outcome:</b>			
<b>d) Have there been any periods of incapacity? If so give dates reason and duration.</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>e) Is the Insured/Proposer currently under the care of a Specialist ?</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>f) Are you due to have any further treatment? If Yes give dates &amp; details</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>g) When was the last occurrence?</b>			
<b>h) Is the condition stable and controlled? If No give current situation.</b>	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>

*Please give as much information as possible - in some cases, we may need to ask for further information.*

**I agree that the information given in this Declaration forms part of my application for Travel Insurance.**

**Signed**

**Date**

**OFFICE USE ONLY -**

Agree at Normal Terms.

Agree subject to following Terms (insert terms required):

(delete as appropriate)

Exclude Condition (s).

Authorised by: \_\_\_\_\_

**NB: This form should be passed to the Manager in the first instance, but final authorisation may be required from a Senior Underwriter/Director.**

## Data Protection Notice

Islands Insurance (us) is the data controller and will process personal information in accordance with the relevant Data Protection Law. By submitting personal information about you (and others), you (and they) consent to it being used for the purposes described in **this Data Protection Notice** and the **Important Information** below. Some or all the personal information you supply to us in connection with your insurance may be passed to other companies, in order to administer the policy for underwriting and claims handling purposes. We may pass your personal information to credit reference agencies for the purpose of arranging payments by instalments, and we may tell them about your payment history with us. Your personal information may be passed to suppliers of goods and services, regulatory or other organisations in order to review our services and we may use it to carry out research. It may be necessary to transfer your information to other companies outside the European Economic Area for any of the above purposes and for system administration. We will take steps to ensure that your privacy rights are protected. Your should show this Data Protection Notice and Important Information to anyone whose personal information you have submitted to us. If you would like to know what information we hold about you contact the Compliance Officer at the Islands Insurance office you normally deal with.

## Important Information

- 1) It is essential that you disclose accurately all facts which could influence acceptance of this application or the terms to be applied. Under the conditions of your policy you must tell us about any insurance related incidents whether or not they give rise to a claim. If you are in any doubt whether a claim is material you should disclose it. **FAILURE TO DO SO MAY INVALIDATE YOUR POLICY.** You are not required to disclose convictions regarded as spent under the relevant Rehabilitation of Offenders Law.
- 2) In order to detect and prevent fraud we may at any time share information about you with other organisations and public bodies including the Police. We may check and/or file your details with fraud prevention agencies and databases and if you give us false or inaccurate information and we suspect fraud we will record this. We may also search these agencies or databases to;
  - help make decisions about the provision and administration of insurance and credit and related services by you and members of your household;
  - trace debtors or beneficiaries, recover debt, prevent fraud and to manage your account and insurance policies;
  - check your identity to prevent money laundering, unless you provide us with satisfactory proof of identity;
  - undertake credit searches and additional fraud searches.
- 3) The information you provide in connection with a claim may be passed to other insurers, and their agents, to prevent fraudulent claims via the Claims and Underwriting Exchange Register, operated by Database Services Ltd and/or the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers (ABI). We may search the databases we have described when you apply for insurance, in the event of any incident or claim, or at the time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim. We can supply, on request, further information about the databases we access and supply to.
- 4) You are advised to keep a record of all information supplied to NFU Mutual for the purpose of this insurance. A copy of the completed application/proposal form sent to us will be supplied on request.
- 5) You consent to accept our standard form of policy. A specimen copy of the policy is available on request.
- 6) As parties to this contract both you and us are entitled to agree which law applies to it. Unless we agree to the contrary, and it is stated in an endorsement, the law which will apply will be the law that covers the part of Great Britain you live in.

## Registered Offices

The Islands Insurance Brokers Limited, Lancaster Court, Forest Lane, St. Peter Port, Guernsey. GY1 1WJ – Licensed by the Guernsey Financial Services Commission. Registered Company No: 6841  
 M J Touzel (Insurance Brokers) Limited T/a Islands Insurance, Kingsgate House, 55 The Esplanade, St. Helier, Jersey JE1 4HQ - Regulated by the Jersey Financial Services Commission. Registered Company No: 2589

## PAYMENT BY DEBIT / VISA / MASTERCARD

Please debit my **DEBIT / VISA / MASTERCARD** / Maestro Card with £ \_\_\_\_\_

Card Number

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Card Valid From

Card Expiry Date

**DEBIT CARD  
Issue Number**

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Cardholder's name \_\_\_\_\_

Address (if different from above)

Authorised Signature \_\_\_\_\_ Date: \_\_\_\_\_