

Travel Quotation

Proposer Details					
Title		First Name		Surname	
Telephone				Mobile Number	
Email					
Address					

Cover required	Area	Limit any one trip
Insured only		35 Days Trip Limit
Insured & Spouse / Partner	Worldwide	60 Days Trip Limit
Single Parent / Family *	Europe only	90 Days Trip Limit
Insured, Spouse / Partner & Family *		

* 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:	
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Principal Insured	Date of Birth	Occupation
Spouse/Partner	Date of Birth	Occupation
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 Answer YES or NO
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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? Ever been refused travel insurance or had special conditions imposed?	
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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?	
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Do you or any person to be insured know of any circumstances likely to cause cancellation, abandonment or rearrangement of the journeys?	
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Do your journeys involve manual or supervisory work?	
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If you have answered Yes to any of the above, please give details:	
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Medical 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 Answer YES or NO	
Are all persons to be insured in good health and not travelling against medical advice? If you have answered NO, please give dull details below			
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? If you have answered YES, please give dull details below			
Is any person to be insured currently receiving treatment or taking prescribed medication, or are they due to receive any medical treatment? If you have answered YES, please give dull details below			
Do any of the persons to be insured suffer from any recurring disease or condition, physical defect or infirmity? If you have answered YES, please give dull details below			
Have you or any person to be insured ever received treatment for a chronic or malignant disease? If you have answered YES, please give dull details below			
Please give required information here:			
Current Insurers		Renewal Date	Target Premium

Contact Us

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Channel Insurance Brokers

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