



GLOBETROTTER TRAVEL COVER

APPLICATION FORM

This form must be completed appropriately

Details for Persons to be Insured FILL IN DETAILS IN BLOCK LETTERS

Names in Full (Mr/Mrs/Miss)					
Age at Date of Departure	<i>First Name</i>	<i>Age</i>	<i>Middle Name</i>	<i>Last Name</i>	
Occupation	dd/mm/yyyy	Passport No.	Nationality		
Address of Applicant Physical Address (In Kenya)	Purpose of Trip				
Postal Address				Telephone No;	
Email Address				Mobile No;	

Name, address and contact details of usual Family Doctor / Personal Doctor	
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Name, address and contact details of Next of Kin	
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Date of Departure	
Date of Return	
Period of Insurance	
Destination	
Total No. of days outside of your home country (Kenya)	

Selected Plan (please tick)	Plan A	Plan B	Plan C		Plan A	Worldwide -Excluding US & Canada
Selected Option (please tick)	Bronze	Silver	Gold	Annual Multi Trip	Plan B	Worldwide -Including US & Canada
Total Premium (USD)			Exchange Rate Applied		Plan C	Schengen States
					Total Premium (Kshs)	
Above Premiums does NOT Include Govt Levies (0.45%) and Stamp Duty Kshs 40/=					Total Premium (Kshs) Inc Govt Levies	

Please Note that; *Additional Premium will be charged for Sports and Activity (Not applicable for Plan C) *Additional Premium will be charged for Terrorism	Kindly give Details
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To be read and signed by the applicant

I hereby declare that all persons named in this application form are in good health and will not travel unless they are in good health and fit to undertake the insured trip nor has anyone named in this application been diagnosed with and does not suffer from any medical condition for which medical treatment may be required. Furthermore all persons named in this application will not travel against medical advice or for the purpose of obtaining medical treatment. I further declare that I am not aware of any reasons, in connection with the health of anyone named on this application, that could result in any claim under this insurance. I am aware that this is not a general health insurance policy and that pre-existing medical conditions are not covered. I have been made aware of the important terms and conditions of this insurance and that certain restrictions to cover do apply. I also understand that this application does not feature all of the coverage issues, terms, conditions and exclusions which are fully described in the certificate wording.

I am a permanent resident of		and I am over 18 years of age
Signed:		
	By the Applicant on behalf of all insured persons	
Date		

Details of Intermediary Agent/Broker	
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