



## Travel Insurance Application Form

1. Policy Type (tick one box only)

Single Trip ☐ Annual Multi-Trip (31 days) ☐ Annual Multi-Trip (60 days) ☐  
Silver Cover ☐ Gold Cover ☐

2. Territorial Limits

Europe ☐ Worldwide excluding USA/Canada ☐ Worldwide including USA/Canada ☐

3. Do you wish to include the following Covers:

Medical Expenses, Repatriation and Hospital Benefit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Effects and Baggage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Winter Sports	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Golf Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4. Insured's Country of Residence: \_\_\_\_\_

5. Insured's Address: \_\_\_\_\_

\_\_\_\_\_

Tel.: \_\_\_\_\_

6. The Insured Party(ies) PLEASE PRINT

Title	First Name	Surname	Age

7. Please state type of Policy:

Individual ☐ Couple ☐ Family ☐ Single Parent Family ☐

8. Date of Departure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. Period of Travel: \_\_\_\_\_ (number of days / Annual)

10. DECLARATION

I understand that the cover available is subject to the full terms, conditions, limitations and exclusions as stated in the policy wording. I also understand that the policy does not cover Pre-Existing Medical Conditions that exist prior to the purchase of this policy.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please sign above and return this on the Fax: 25820222 or E-mail: info@phedonmichaelides.com