**Declaration:**

Have you the proposer, any director/partner of the business, either personally or in any business capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◦ Been bankrupt, insolvent, subject to bankruptcy/ insolvency proceedings | Yes |  | No |  |
| ◦ Had a proposal refused or declined | Yes |  | No |  |
| ◦ Had insurance cancelled or special terms imposed | Yes |  | No |  |
| ◦ Had any convictions for criminal offences | Yes |  | No |  |

**Proposers Details:**

|  |  |
| --- | --- |
| ◦ Legal Trading Status |  |
| ◦ Business Name |  |
| ◦ Nature of Business/Trade/Type |  |
| ◦ Title |  |
| ◦ Forename |  |
| ◦ Surname |  |
| ◦ Telephone Number |  |
| ◦ Email |  |
| ◦ Website | www. |
| ◦ Street Number/Name |  |
| ◦ Town/City |  |
| ◦ County |  |
| ◦ Postcode |  |
| ◦ Year Business Established |  |
| ◦ Years at Current Address |  |
| ◦ Claims Made in The Last 5 Years | Yes  No  (if yes, please give details) |
|  |  |
|  |  |

**Travel Details:**

|  |  |
| --- | --- |
| ◦ Choose your Travel Policy |  |
| ◦ Cover Start Date |  |
| ◦ Maximum Duration per Trip |  |
| ◦ Current Insurer |  |

**Required Cover:**

(select one of the 5 options below, if there is anyone with medical conditions, please use the box provided)

1. All Employees of the Insured
2. All Employees of the Insured including Manual Work Away
3. Directors only
4. Directors and Clerical Workers only

|  |
| --- |
| Medical Conditions: |

1. Named Employees only (if selecting this option, please complete the Insured Persons section)

**Insured Persons:**

(only complete this section if you have chosen option 5 above)

|  |  |  |
| --- | --- | --- |
|  |  | Any Medical Conditions  (if yes, please give details) |
| ◦ Forename |  | Yes  No |
| ◦ Surname |  |  |
| ◦ Date of Birth |  |  |
| ◦ Gender | Female  Male |  |
| ◦ Manual Activities Abroad | Yes  No |  |
| ◦ Forename |  | Yes  No |
| ◦ Surname |  |  |
| ◦ Date of Birth |  |  |
| ◦ Gender | Female  Male |  |
| ◦ Manual Activities Abroad | Yes  No |  |
| ◦ Forename |  | Yes  No |
| ◦ Surname |  |  |
| ◦ Date of Birth |  |  |
| ◦ Gender | Female  Male |  |
| ◦ Manual Activities Abroad | Yes  No |  |
| ◦ Forename |  | Yes  No |
| ◦ Surname |  |  |
| ◦ Date of Birth |  |  |
| ◦ Gender | Female  Male |  |
| ◦ Manual Activities Abroad | Yes  No |  |
| ◦ Forename |  | Yes  No |
| ◦ Surname |  |  |
| ◦ Date of Birth |  |  |
| ◦ Gender | Female  Male |  |
| ◦ Manual Activities Abroad | Yes  No |  |
| ◦ Forename |  | Yes  No |
| ◦ Surname |  |  |
| ◦ Date of Birth |  |  |
| ◦ Gender | Female  Male |  |
| ◦ Manual Activities Abroad | Yes  No |  |
| ◦ Forename |  | Yes  No |
| ◦ Surname |  |  |
| ◦ Date of Birth |  |  |
| ◦ Gender | Female  Male |  |
| ◦ Manual Activities Abroad | Yes  No |  |

(if you have selected any manual activities abroad, please complete the box below)

|  |
| --- |
| Manual Activities Undertaken: |

**Additional Cover Options:**

|  |  |
| --- | --- |
| ◦ Baggage | Yes  No |
| ◦ Money | Yes  No |
| ◦ Passport | Yes  No |
| ◦ Cancellation | Yes  No |
| ◦ Medical Expenses | Yes  No |
| ◦ Winter Sports | Yes  No |
| ◦ Family Holiday Extension | Yes  No |

**Travel Pattern:**

|  |  |
| --- | --- |
| ◦ UK only | Estimated Number of Trips |
| ◦ Isle of Man/Channel Islands | Estimated Number of Trips |
| ◦ Europe | Estimated Number of Trips |
| ◦ Rest of World (excluding North America/Canada) | Estimated Number of Trips |
| ◦ Worldwide (including North America/Canada) | Estimated Number of Trips |

**Please email the completed form to** [**admin@tcfellis.co.uk**](mailto:admin@tcfellis.co.uk) **and we will respond within 48 hours.  
  
Any Additional Information**

|  |
| --- |
|  |