

High Places Travel Insurance Application Form 2009

To arrange cover please complete this application and send it to; Campbell Irvine Insurance Brokers, 48 Earls Court Road, London W8 6EJ or Tel: 020 7938 1734 or Email: info@campbellirvine.com

NAME(S) OF PERSONS TO BE INSURED:

Title	First Name	Last Name	Age	Premium £

Total Premium including Insurance Premium Tax **£**

ADDRESS: *(In BLOCK CAPITALS)*

Email:

Postcode:

SINGLE TRIP INSURANCE:

Departure Date: **Return Date:** **Period of Insurance:** **Days or months**

GEOGRAPHICAL AREA(S): *Please tick which Area(s) you are travelling to:*

Area 1 Area 2 Area 3 Area 4
 UK Europe Worldwide ex. North America Worldwide inc. North America

PERSONAL EFFECTS: Please tick if you wish to delete Section E Personal Effects Accompanied Personal Luggage, Money, Tickets and Passport / Visa, Baggage a discount of 20% will be allowed.

ANNUAL MULTI TRIP INSURANCE: (Worldwide including North America cover) **Maximum duration 70 days any one trip.**
 (Commencement date is the date of receipt of application in respect of Annual Multi Trip policies)

PERSONAL EFFECTS: Please tick if you wish to delete Section E Personal Effects Accompanied Personal Luggage, Money, Tickets and Passport / Visa, Baggage a discount of 20% will be allowed.

INCLUDE SECTION G - WINTER SPORTS: *(up to 28 days in total)*

Please complete this form and send it to Campbell Irvine or Tel: 020 7938 1734 if you have any questions.
PLEASE NOTE: Cover is excluded for any defined Pre-existing Medical Condition from which you or any persons upon whom travel depends, is suffering. If in doubt please call our medical pre-departure screening helpline on 0844 892 0954

PAYMENT DETAILS: To Campbell Irvine Ltd I wish to pay by credit card (MasterCard / Visa / Maestro only) or by cheque (made payable to Campbell Irvine Ltd)

I wish to pay by: **Cheque:** or **Card:** Please charge to the Card indicated the sum of £.....

Card Holders Name:

Card Number:

Valid From: **Expiry Date:** **Security No:**

Issue Number: *(Maestro only)* **Date of Application:** e.g. (01/01/2009)

IMPORTANT: Please tick here to confirm that you have read and understood the Policy Document which details the cover provided. Please note the Policy contains certain exclusions and limitations especially relating to cover for any Pre-existing Medical Condition from which you or any person upon whom travel depends, is suffering. If in doubt call our medical helpline, in confidence, on: **0844 892 0954** *(Please see definition of Pre-existing Medical Conditions in the Policy Document. Please also see General Exclusion 9 for further details.)*

Data Protection This insurance is underwritten by AXA Insurance UK plc, who are authorised and regulated by the Financial Services Authority. Your insurer AXA Insurance UK plc is a member of the AXA Group. To set up and administer your insurance policy they will hold and use information about you supplied by you and by medical providers. They may also send it in confidence for processing to other companies in the AXA Group (or companies acting on their instructions) including those located outside the European Economic Area.