

# Travel Insurance Application

Personal Details		
Name of applicant(s): Surname	Forename(s)	Destination
Mailing address (including Postcode)		
Home phone	Cell phone	Work phone
Email address	Date of departure	Date of return

Cover						
Name of all persons to be insured		Baggage Maximum of \$10,000 per person. Limit of \$500 per item.	Personal Accident Maximum of \$500,000 per person and \$2,000,000 in total.	Medical & Associated Expenses Maximum of \$5,000 per person.	Cancellation Expenses Maximum of \$20,000 per person.	Legal Expenses Maximum of \$20,000 per person.
Full name	Age	Sum insured	Sum insured	Sum insured	Sum insured	Sum insured

**Children aged 7 – 17 Personal Accident: the sums insured are \$2,000 Death and \$10,000 Loss of Limbs or Sight**

## Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Application. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

**THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST.**

I DECLARE that to the best of my knowledge and belief, the information provided in this Application, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the property.

I AGREE and ACKNOWLEDGE to maintain the amounts insured as the full replace value of the property. I agree that this Application forms the basis of the contract between me and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

- I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.
- I hereby authorize the Company to forward relevant documents to the email address I have supplied.

Signature of Applicant(s)

Signature of Underwriter

Date (MM/DD/YYYY)