

8. Do you intend to travel to any destinations where the Foreign and Commonwealth Office have advised 'against all travel to', or 'against travel on all but essential business?' Yes No

If 'yes' please give details

Benefits to be insured – State the benefits and sums insured that you require

9. Personal accident

a. Death and Capital Sums	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured	<input type="text"/>	
b. Temporary Total disablement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured	<input type="text"/>	
Medical and Emergency Travel Expenses	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured	<input type="text"/>	Min £1,000,000 – Max £10,000,000 Nil Excess
Personal Belongings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured	<input type="text"/>	Max £5,000 Nil Excess
Money	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured	<input type="text"/>	Max £5,000 Nil Excess
Cancellation, Curtailment or Change of Itinerary	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sum insured	<input type="text"/>	Max £10,000
Travel Delay and Missed Departure	Automatically included			
Hijack and Kidnap	Automatically included			
Personal Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Limit of indemnity	<input type="text"/>	Max £5,000,000
Legal Expenses	Automatically included			

NB a. Medical Expenses cover does not apply to journeys made within the United Kingdom, Channel Islands or Isle of Man.
 b. It is not possible to cover Baggage and Personal belongings or Money without Medical Expenses.
 c. There is no excess for Medical Expenses, Baggage and Personal Belongings and Money.

Claims experience

10. In respect of Business Travel insurance

a. Are you currently insured against similar risks? Yes No

If 'yes'

i. who is your current insurer?

ii. give details of each claim you have made during the last 5 years

Date	Details of claim	Amount
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>

