

### TRAVEL INSURANCE PROPOSAL FORM

Insured Details						
First Name		Middle Name		Last Name		
PO Box:	Emirate:		Mob:	Tel:		
			Fax:			
			Email ID:			
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Age	Nationality:			
Passport no:						
Travel Details						
Product:	<input type="checkbox"/> Individual		<input type="checkbox"/> Family			
Travel dates	From:	To:				
Period of Travel:	<input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> 30 Days <input type="checkbox"/> 45 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days					
Single Trip: <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Trip: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Plan: <input type="checkbox"/> Gold	<input type="checkbox"/> Silver		<input type="checkbox"/> Bronze			
Territorial Limits:	<input type="checkbox"/> Schengen + UK <input type="checkbox"/> Schengen only	<input type="checkbox"/> Worldwide Including USA/CANADA	<input type="checkbox"/> Worldwide Excluding USA/CANADA			
Additional Members						
Full Name		Passport No.	Nationality	Gender (M/F)	Date of Birth	Age
Name of the beneficiary:						
Relationship :						
Declaration						
I/we hereby declare that to the best of my/our knowledge:						
(i) I/we have read and agreed to the terms and conditions of the policy						
(ii) All insured persons are in good health						
Signature			Date			

**Required documents: Passport Copy & Valid U.A.E. Residence Visa Copy.**