

## SINGLE TRIP TRAVEL INSURANCE

### PROPOSAL FORM FOR CHANNEL ISLAND RESIDENTS

Please complete, sign and return this proposal form with your remittance payable to "Islands Insurance". This completed form must be received in our office no later than 48 hours before the date of your travel.

**Applicant** (individual or full company name):

Mr/Mrs/Miss/Ms:

First Name(s):

Surname:

Address:

Postcode:

Daytime Telephone Number:

Date of Birth: DD / MM / YY

Mobile No:

Email Address:

Specify area required:	Tick box if winter sports cover is required
<b>AREA 1 CHANNEL ISLANDS</b>	Date of Travel/Commencement Date: DD / MM / YY <small>(date of outbound travel)</small>
<b>AREA 2 UK &amp; EUROPE</b>	
<b>AREA 3 WORLDWIDE</b>	

Number of Days: <small>Please select period required</small>	1	3	5	10	17	24	31	45	60	90
---	---	---	---	----	----	----	----	----	----	----

Number of Months: <small>Please select period required</small>	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	----	----	----

List of Insured Persons <small>(If more than 6 persons, attach a list)</small>	Age
---	-----

Premium Summary <small>Number of People x Premium Rates</small>		Total
<b>Adults (13 - 64 years)</b>	@ £	£
<b>Children (2 - 12 years)</b> <small>(When accompanying adult(s) on policy)</small>	@ £	£
<b>Persons aged 65-74</b>	@ £	£
<b>Winter Sports</b> <small>if required</small>	<b>Add 100%</b>	£
<b>Total Premium Due</b> <small>Minimum Premium £13</small>		£

**General Questions** to be answered on behalf of all applicants Please tick YES or NO

If you have ticked a shaded box, please give details below and for medical conditions complete a Travel Medical Condition Declaration

<p>Have you or any of the insured persons:</p> <p>a) ever been convicted of, or charged with (but not yet tried), or received a police caution for a criminal offence other than a motoring offence?</p> <p>b) ever been declared bankrupt or been the subject of bankruptcy proceedings, court judgements or made arrangements with creditors?</p> <p>c) ever been refused travel insurance or had special conditions imposed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
---	---

Are all people to be insured in good health, free from any recurring disease or condition, physical defect or infirmity?	Yes      No <input type="checkbox"/>
Have you or any person to be insured suffered from any illness or injury during the last twelve months which has necessitated inpatient treatment, or been under the care of a specialist consultant?	Yes <input type="checkbox"/> No
Is any person to be insured currently receiving treatment or taking prescribed medication, or are they due to receive any medical treatment?	Yes <input type="checkbox"/> No
Have you or any person to be insured ever received treatment for a chronic or malignant disease?	Yes <input type="checkbox"/> No
Do you or any person to be insured know of any circumstances likely to cause cancellation, abandonment or rearrangement of the journey?	Yes <input type="checkbox"/> No
Have any of the persons to be insured suffered losses in respect of any risk proposed or claimed under any previous travel insurance in the past 5 years?	Yes <input type="checkbox"/> No
Is cover required for any hazardous sport or activity, or for trips involving manual work?	Yes <input type="checkbox"/> No

**PLEASE NOTE THAT FAILURE TO DISCLOSE A MEDICAL CONDITION COULD INVALIDATE YOUR POLICY**

### SPECIAL CONDITION

**At the time of purchasing this Insurance or booking a holiday, the Insured Person(s) must not be aware of any reason why the journey or trip should be cancelled or curtailed or expense be incurred and that no person shall travel against the advice of a qualified medical practitioner or for the purpose of obtaining medical treatment.**

### Our Commitment to Mutuality

We are fully committed to the concept of mutuality believing that this is the best way of providing sustainable value for money to our customers.

**As a mutual we have no shareholders and do not therefore pay dividends. As a result we have one of the lowest expense ratios in the insurance industry. We are committed to ensuring that the combined benefits of our mutuality and a low expense ratio are passed on to our General Insurance customers via keen prices, wide cover and good service and our Financial Services customers through low charges, quality investment returns and personalised service.**

**In order that current and future generations of customers continue to enjoy the benefits of mutuality all new policies issued by NFU Mutual contain a windfall assignment clause. Effectively this means that in the unlikely event of demutualisation any windfall payment arising from the policy you are taking out would be paid to NFU Mutual Charitable Trust rather than the policyholder.**

### Declaration

In consideration of NFU Mutual accepting my proposal:

- I/we undertake and agree with NFU Mutual and the NFU Mutual Charitable Trust ("the Trust") to assign, pay or transfer to the trustees of the Trust all and any rights to which I/we may become entitled at any time by reason or in respect of my/our membership of NFU Mutual by reference to the policy proposed for, on, or in connection with, any transfer of part or all of NFU Mutual's business to any other person, firm or company or any change in the corporate status of NFU Mutual or any distribution out of the funds of NFU Mutual other than
  - the declaration of any customary annual, reversionary or terminal bonus attaching to a policy of life, annuity or capital redemption assurance or
  - any other benefit which the Board of NFU Mutual determines shall not be subject to my/our agreement to assign, pay or transfer;
- I/we undertake to execute and deliver any transfer, deed and/or other documents together with any certificates of title or valuable consideration received by me/us as NFU Mutual or the Trust shall require in compliance with my/our undertaking and agreement set out above; and
- I/we hereby irrevocably severally appoint NFU Mutual and the Trust and any officer of NFU Mutual or the Trust to act as my/our agent to execute on my/our behalf any assignment, transfer form, receipt or other document as may be required in order to effect the above assignment, payment or transfer and I/we hereby authorise and approve each and every act or thing which may be done or effected by NFU Mutual, the Trust or any officer of NFU Mutual or the Trust, as the case may be, in exercise of any of its or his powers and/or authorities given by me/us hereunder.

**I/We the undersigned, declare that to the best of my/our knowledge and belief all the information given in this proposal and declaration, which I/we have read over and checked, is true and complete. I am/we are willing to accept terms and conditions of NFU Mutual and I/we undertake to pay the premium when called upon to do so.**

### Signature of Proposer

on behalf of all  
Insured Persons: \_\_\_\_\_

Date: \_\_\_\_\_

Summary of Cover *A copy of the policy wording is available on our website or by request.*

Section Maximum amount payable	Description	Excess
<b>Personal Accident *</b> £25,000 Except death for under 16 limited to £5,000	<ul style="list-style-type: none"> <li>death, loss of limbs, sight, speech or hearing or permanent total disablement;</li> <li>disappearance - if an insured person is missing for more than 90 days and evidence of the circumstances or the disappearance are provided;</li> <li>professional counselling for an insured person, for which we will pay a claim, if suffering from emotional stress. Limit £1,000;</li> <li>vehicle repatriation within Europe following a personal accident – providing the vehicle is a car or small van and that nobody in the party is capable of driving the vehicle;</li> <li>funeral arrangements – in the event of your death the reasonable expenses for transporting your body or ashes home or the cost of a funeral overseas.</li> </ul>	<i>Nil</i>
<b>Medical Expenses *</b> £5,000,000	Medical, surgical, physiotherapy, emergency dental or optical treatment and extra accommodation and travel expenses including travel and accommodation expenses to allow another person to stay with or escort you following a valid claim made under this section. This does not include treatment within the territorial limits which is available under the National Health Service or equivalent Channel Islands or Isle of Man Health Scheme.	£50 (£100 for age 75 or over)
<b>Hospital Benefit</b> £30 per 24 hours up to £1,000 maximum	<b>Hospital benefit</b> – Limit £30 for each day whilst receiving in-patient treatment for a valid medical expenses claim, up to £1,000.	<i>Nil</i>
<b>Cancellation Expenses *</b> £5,000 or higher limit as chosen by you up to a maximum of £15,000	The cost of cancelling, cutting short (including unused travel and accommodation costs) or rearranging your trip following: <ul style="list-style-type: none"> <li>death, physical injury, illness or compulsory quarantine of you or your close relative, business associate or travelling companion;</li> <li>call up for jury service or being called as a witness in a court of law;</li> <li>a requirement by the police for you to stay or return home to help with an official investigation;</li> <li>disruption of public transport by actual or intended strikes;</li> <li>your home becoming uninhabitable as a result of damage which occurs within 14 days of the planned start of your trip;</li> <li>hi-jack of the transport you are travelling on;</li> <li>receipt of notice of redundancy which qualifies for statutory payment;</li> <li>the scheduled airline, travel agent or tour operator you are travelling with failing to provide booked arrangements due to bankruptcy or liquidation;</li> <li>advice from the Foreign Office advising against travelling to your trip destination, or the country it is in, within one month of your departure date;</li> <li>an outbreak of an Animal Disease confirmed by the Ministry at the home farm or within a 25 mile radius, if you are a livestock farmer.</li> </ul>	£50 (£100 for age 75 or over)
<b>Delayed Departure</b> Up to £250	<b>Delayed departure</b> – if your booked outward or return journey by scheduled public transport services is delayed by at least 12 hours as a result of actual or intended strikes or industrial action, bad weather, the plane boat or train breaking down, natural geological events, failure of air traffic control systems, terrorism other than an ACT OF TERRORISM or any other unforeseen circumstances beyond your control, one of the following covers will apply – <ul style="list-style-type: none"> <li><b>Delay</b> – £60 for the first 12 hours of delay, £40 for each full 12 hours thereafter up to a maximum of £250.</li> <li><b>Abandonment</b> – the cost of your trip under the Cancellation expenses section if your outward journey is delayed by more than 12 hours.</li> <li><b>Enforced stay</b> – up to £100 for each 24 hour period up to a maximum of £1,000 if you are stranded and unable to return to your home, travel and accommodation costs or up to £1,000 you incur while trying to return home by alternative means. If your enforced stay results in additional kennelling or cattery costs up to a maximum of £500.</li> <li><b>Missed initial or final connection</b> – up to a maximum of £1,000 for additional expenses including accommodation costs if you are unable to complete the initial stage of your booked journey within the territorial limits in time to board any onward connecting public transport on which you are booked to travel, or complete the final stage of your booked journey within the territorial limits.</li> </ul>	<i>Nil</i>
<b>Transport Failure</b> £1,000	The reasonable costs to help you get to your departure point in time or the journey you have booked to or from your trip destination in the event of: <ul style="list-style-type: none"> <li>the motor vehicle, train or boat you are travelling in being involved in</li> </ul>	£50 (£100 for age 75 or over)

	<p>an accident or mechanical breakdown;</p> <ul style="list-style-type: none"> <li>a motor vehicle or train accident, or mechanical breakdown of a motor vehicle or train which occurs ahead of you and causes you unavoidable delay;</li> <li>the motor vehicle, train or boat in which you are travelling being affected by bad weather;</li> <li>strikes or industrial action.</li> </ul> <p><b>IMPORTANT NOTE</b> For residents of the Channel Islands, cover will also be provided for pre-booked public transport services within the Channel Islands and/or to or from mainland United Kingdom to connect with international or domestic public transport services.</p>	
<b>Baggage</b> £2,500	<p>Limit £500 any one article up to £2,500 in all.</p> <ul style="list-style-type: none"> <li>loss or damage to baggage on your trip;</li> <li>if baggage is temporarily lost for at least 12 hours on the outward journey, up to £250 for essential items.</li> </ul>	£50
<b>Money</b> £1,000 and up to £10,000 for credit cards	<ul style="list-style-type: none"> <li>loss of money, including cash, cheques and travellers cheques, travel, excursion and theme park tickets, passports, vouchers and phone cards;</li> <li>unauthorised use of credit cards;</li> <li>reasonable travel and accommodation costs while you are getting replacement passport(s) or visa(s) if lost.</li> </ul>	£50
<b>Personal Liability *</b> Up to £2,500,000	<ul style="list-style-type: none"> <li>Legal liability for accidental death, physical injury or illness to another person and accidental damage to another person's property.</li> </ul>	£100
<b>Emergency Assistance</b>	<ul style="list-style-type: none"> <li>Emergency assistance outside the UK, the Isle of Man or the Channel Islands (Mutuaide Assistance) a 24 hour/7 day helpline should you require assistance during your trip.</li> </ul>	n/a
<b>Legal Expenses</b> £50,000	<p>Legal expenses (DAS Legal Expenses Insurance Company Limited administers the independent claims handling service) – Limit £50,000 in connection with a trip as a result of:</p> <ul style="list-style-type: none"> <li>death or physical injury to an insured person;</li> <li>a contract buying or hiring goods or services or with a tour operator, carrier or travel agent.</li> </ul>	n/a
<b>Winter Sports</b>	<p>Your policy schedule will state if cover applies or not; and</p> <ul style="list-style-type: none"> <li>all standard benefits are extended to include winter sports;</li> <li>damage to own ski equipment. Limit £500;</li> <li>damage to hired ski equipment. Limit £500;</li> <li>cost of hiring ski equipment. Limit £50 per day, up to £500;</li> <li>unrecoverable ski pack costs. Limit £250;</li> <li>transport to &amp; ski passes at alternative resort. Limit £50 a day up to £500;</li> <li>extra accommodation &amp; transport expenses due to avalanche. Limit £50 a day up to £500.</li> </ul>	£50

#### \* Important Note

The policy wording contains a list of excluded activities you are not covered for under the Personal accident, Medical expenses, Cancellation expenses and Liability sections if you participate in them whilst on your trip. Some of these activities are covered if they are undertaken under supervision with a licensed operator. Cover for some other excluded activities may be provided at an additional premium and the policy schedule noted accordingly.

In respect of annual travel insurance, cover for winter sports is automatically provided for up to 17 days in any period of insurance without additional charge and for longer periods with additional charge if confirmed on your policy schedule. Winter sports are defined as: Skiing, (excluding off piste skiing unless under the supervision of a qualified instructor; sledging including pulled by horse, dogs or reindeer as a passenger only;

You should allow sufficient time when connecting with onward flights. Where you are not on a 'through ticket' with the same airline, you should allow a minimum of 2 hours for domestic and European flights or 3 hours for to or from long-haul destinations. This minimum time is taken from the scheduled arrival time of your incoming flight to the latest check-in time for your onward flight. This does not apply if you have a 'through ticket' as the airline is responsible for you whilst you are in transit. If your travel involves changing airports then you must add sufficient time to travel between the airports.

## Payment by card

Please debit my **DEBIT / VISA / MASTERCARD** card with £ \_\_\_\_\_

Card Number

|||

Card Valid From

MM YY

Card Expiry Date

MM YY

Debit Card: Issue Number

Cardholder's name:

Address

(If different from proposal form):

Authorised Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Islands Insurance

ALDERNEY 17 Victoria Street, Alderney GY9 3TA

GUERNSEY Lancaster Court, Forest Lane, St. Peter Port, Guernsey GY1 1WJ

JERSEY Kingsgate House, 55 The Esplanade, St. Helier, Jersey JE1 4H

## Data Protection Notice

Islands Insurance (us) is the data controller and will process personal information in accordance with the relevant Data Protection Law. By submitting personal information about you (and others), you (and they) consent to it being used for the purposes described in this Data Protection Notice and the Important Information below. Some or all the personal information you supply to us in connection with your insurance may be passed to other companies, in order to administer the policy for underwriting and claims handling purposes. We may pass your personal information to credit reference agencies for the purpose of arranging payments by instalments, and we may tell them about your payment history with us. Your personal information may be passed to suppliers of goods and services, regulatory or other organisations in order to review our services and we may use it to carry out research. It may be necessary to transfer your information to other companies outside the European Economic Area for any of the above purposes and for system administration. We will take steps to ensure that your privacy rights are protected. You should show this Data Protection Notice and Important Information to anyone whose personal information you have submitted to us. If you would like to know what information we hold about you contact the Compliance Officer at the Islands' Insurance office you normally deal with.

## Important Information

- 1) It is essential that you disclose accurately all facts which could influence acceptance of this application or the terms to be applied. Under the conditions of your policy you must tell us about any insurance related incidents whether or not they give rise to a claim. If you are in any doubt whether a claim is material you should disclose it. FAILURE TO DO SO MAY INVALIDATE YOUR POLICY. You are not required to disclose convictions regarded as spent under the relevant Rehabilitation of Offenders Law.
- 2) If you insure a UK registered vehicle, your policy details will be added to the Motor Insurance Database (MID) run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purposes of Electronic Vehicle Licensing and by the Police for the purposes of establishing whether a driver's use of the vehicle is likely to be covered by a motor insurance policy and/or the preventing and detecting of crime. If you are involved in an accident (in the UK or abroad) other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this by contacting us or at [www.miic.org.uk](http://www.miic.org.uk).
- 3) In order to detect and prevent fraud we may at any time share information about you with other organisations and public bodies including the Police. We may check and/or file your details with fraud prevention agencies and databases and if you give us false or inaccurate information and we suspect fraud we will record this. We may also search these agencies or databases to; • help make decisions about the provision and administration of insurance and credit and related services by you and members of your household; • trace debtors or beneficiaries, recover debt, prevent fraud and to manage your account and insurance policies; • check your identity to prevent money laundering, unless you provide us with satisfactory proof of identity; • undertake credit searches and additional fraud searches.
- 4) The information you provide in connection with a claim may be passed to other insurers, and their agents, to prevent fraudulent claims via the Claims and Underwriting Exchange Register, operated by Database Services Ltd and/or the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers (ABI). We may search the databases we have described when you apply for insurance, in the event of any incident or claim, or at the time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim. We can supply, on request, further information about the databases we access and supply to.
- 5) You are advised to keep a record of all information supplied to NFU Mutual for the purpose of this insurance. A copy of the completed application/proposal form sent to us will be supplied on request.
- 6) You consent to accept our standard form of policy. A specimen copy of the policy is available on request.
- 7) As parties to this contract both you and us are entitled to agree which law applies to it. Unless we agree to the contrary, and it is stated in an endorsement, the law which will apply will be the law that covers the part of Great Britain you live in.

## TRAVEL MEDICAL CONDITION(S) DECLARATION

Name of Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy applied for:    Annual    Single Trip    If Single Trip, what are the dates of travel: **DD / MM / YY** to **DD / MM / YY**

	Name of applicant:  Date of Birth: <b>DD / MM / YY</b>	Name of applicant:  Date of Birth: <b>DD / MM / YY</b>	Name of applicant:  Date of Birth: <b>DD / MM / YY</b>
Medical Condition(s) To Be Considered: <i>(Please continue on the reverse if necessary.)</i>			
a) Current Medication, Dosage and Frequency:			
b) When was it first diagnosed and what treatment was given?			
c) Have you required in patient treatment in Hospital, if so give dates, reason and outcome:			
d) Have there been any periods of incapacity? If so give dates reason and duration.	Yes    No	Yes    No	Yes    No
e) Is the Insured/Proposer currently under the care of a Specialist?	Yes    No	Yes    No	Yes    No
f) Are you due to have any further treatment? <i>If 'Yes', give details</i>	Yes    No	Yes    No	Yes    No
g) When was the last occurrence?			
h) Is the condition stable and controlled? <i>if 'No', give current situation</i>	Yes    No	Yes    No	Yes    No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Agree at Normal Terms.

Exclude Conditions (s).

Agree subject to following Terms (insert terms required):  
(delete as appropriate)

Authorised by: \_\_\_\_\_

**NB: This form should be passed to the Manager in the first instance, but final authorisation may be required from a Senior Underwriter/Director.**