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TRAVEL INSURANCE PROPOSAL FORM

Please Complete this form and send to First Assurance Office near you of call us on contact indicated.

- 1. Name in Full
- 2. Occupation.....
- 3. Postal Address
- 4. Email Address
- 5. Telephone Number
- 6. Passport Number
- 7. PIN No.....
- 8. Proposed Journey From To
- 9. Duration of Travel (no of days/weeks)
- 10. Age
- 11. Option Desired(Please Tick One) Option 1 EUROPE YES/NO

Option 2 WORLDWIDE YES/NO

Signature Date

Note terms and conditions apply maximum to age limit 80 years.