

Longstay & Backpacker Travel Insurance Application and Schedule 2008 / 2009

Schedule No. _____

Applicants Copy

Thank you for choosing Longstay & Backpacker for your Travel Insurance requirements. Cover will commence as soon as the Issuing Broker/Agent has validated this application. Your attention is drawn to the IMPORTANT NOTICE overleaf.
PLEASE COMPLETE IN BLOCK CAPITALS

1. Applicant

Name

Address

Post Code

Occupation Tel:

2. List all persons to be insured

Title	Initials	Surname	Age	Title	Initials	Surname	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Details of cover required (please note cover cannot be backdated)

Longstay months commencing / /20 Area No

Backpacker (please tick the appropriate box)

1 = Europe
2 = Australia/New Zealand
3 = Worldwide

4. Other cover options (please tick appropriate boxes)

Additional Activity cover (see back page of your travel policy)

Return Home option (up to 2 trips home-max 21 days per trip)

Stop-over in Higher rated Area option (to extend beyond policy limit of 7 days to 31 days in total)

Total Premium

£

5. Payment methods – either enclose your cheque or provide credit cards details below

Please debit my SWITCH/VISA/MAESTRO/MASTERCARD with £ _____

Card No

Card Valid From Card Expiry Date SWITCH/MAESTRO CARD Issue Number

Authorised Signature _____ Cardholder's Name _____

Address (if different from above) _____

6. Declarations

Declaration (Applicant) I declare to the best of my knowledge and belief I have advised you of all material facts (any fact which is likely to influence the rate or cover to be provided by the Insurers) and that I have read and understood the 'Medical Conditions & Material Facts' and 'Important Notice' overleaf. I understand that you may exchange information with other insurers or their agents to check the answers I have provided and you have my authority to do so.
 I confirm that I am a UK resident and I have not spent more than six months abroad in the last twelve months.

Signed _____
Date _____

Issuing Agent's Declaration (if applicant not present) I confirm that I have read out the declaration (opposite) to the Applicant who had confirmed that they fully understand the terms and conditions of the policy and have authorised me to sign it on their behalf.

Signed _____

Office Use

Date of issue: _____
Time of Issue: _____

LONGSTAY & BACKPACKER TRAVEL INSURANCE 2008 / 2009

This Application Form when properly validated will become your Confirmation of Cover and Schedule. You will also be issued with a booklet giving the full Policy wording. Both documents together form your Insurance Policy.

DEMANDS AND NEEDS STATEMENT

Longstay & Backpacker Insurance is typically suitable for those who wish to have insurance protection for an extended trip overseas with both Longstay and Backpacker providing cover for cancellation, personal possessions, emergency medical expenses, personal liability and personal accident.

In addition, Longstay provides cover for departure delay, missed departure, possessions delayed in transit, personal money & travel documents and legal advice & expenses.

You may already possess alternative insurance(s) for some or all of the features and benefits provided by this product. It is your responsibility to investigate this. PJ Hayman & Company Limited has not provided you with any recommendation or advice about whether this product fulfils your specific insurance requirements. You will need to make your own choice about how to proceed.

MEDICAL CONDITIONS & MATERIAL FACTS

Your policy does not provide cover for re-occurring or pre-existing medical conditions. You must also tell us if your health or medication changes between buying this policy and travelling and if you have ever had a heart related problem, a stroke, cancer, any breathing problems, diabetes or had any other medical condition which has been treated in hospital or has been referred to a specialist in the last 2 years.

Cover may be available on application, but only after you have purchased this insurance, by telephoning Travellers Healthcheck on **08456 582 999**. They will confirm any additional cover in writing.

You MUST tell us all material facts. A material fact is a fact which is likely to influence us in the acceptance of the insurance. If you are in any doubt as to whether a fact is material then for your own protection you should tell us.

IMPORTANT NOTICE

Who are the Insurers?

Longstay & Backpacker insurance is underwritten by UNION REISEVERSICHERUNG AG. and is administered in the UK by Travel Insurance Facilities plc. The Insurers are members of the Financial Ombudsman Service.

What is Longstay & Backpacker Travel Insurance?

The policy is designed to insure you against certain events when you take an extended holiday or trip to an overseas destination. The policy will provide cover for one specific trip (although a 'Return Home' option is available an additional premium) and will run for the period shown on your Travel Insurance Schedule.

What happens if I take out cover then change my mind?

You may cancel this insurance within 14 days from the date of purchase of this insurance, by returning the documents to us. Provided no claims have been made and travel has not commenced any premium paid will be refunded. No refund of premium is available after the 14 day period.

What to do if you have a complaint

It is our aim to give a high standard of service and to meet any claims covered by these policies honestly, fairly and promptly.

If you do not feel that the matter has been dealt with to your satisfaction you may appeal against the decision in writing, explaining why you do not think our decision is correct.

1. If your appeal is regarding the selling of your policies:

The Customer Services Manager, P J Hayman and Co. Ltd., Stansted House, Rowlands Castle, Hampshire, PO9 6DX.

2. If your appeal is regarding policy cover or the claims, the emergency assistance service or medical screening:

The Claims Manager, Travel Claims Facilities, PO Box 420, Tonbridge, Kent, TN9 9DE.

Should we still not be able to resolve the matter you may then follow the complaints procedure detailed below.

Write to: The Branch Manager, URV, Oast Business Centre, North Frith Farm, Ashes Lane, Hadlow, Kent, TN11 9QU, who will review the claims office decision.

If you are not satisfied with our response you can refer the matter to the Financial Ombudsman Service for independent arbitration.

Financial Services Compensation Scheme (FSCS)

In the event that Insurers are unable to meet their financial obligations under the policy, you may be entitled to compensation under the Financial Services Compensation Scheme. You can get further information on this subject on 020 7892 7300 or by visiting the FSCS website at www.fscs.org.uk.

Eligibility

Cover is only available to UK residents who have not spent more than six months abroad in the last twelve months. You must be aged 39 years or under if Backpacker cover is required, or under the age of 70 (76 if travelling within Europe, or Australia & New Zealand) if Longstay cover is purchased.

Making A Claim

Full details of the Claims Procedure may be found on page 14 of your policy document, but you may request a Claim Form from Travel Claims Facilities on **08453 707 133** (Fax: 08706 205 001) or via the web at www.travel-claims.net

24 Hour Emergency Medical Assistance

We have arranged a new type of emergency medical assistance to enable you to continue with your trip.

Our appointed emergency medical assistance service is operated 24 hours a day and 365 days a year for your benefit. If you are admitted to a hospital or clinic as an in-patient our emergency assistance service must be notified as soon as it is practical to do so, and at the latest within 48 hours of your admission.

In order to confirm that you are insured your treating doctor or physician should contact the emergency assistance service to advise your condition so that approval of treatment and payment of medical bills can be given.

Contact details from outside the UK, Telephone: **+44 (0) 845 260 3 260**

Full details of the Triage Service, Outpatient Treatment and Inpatient Treatment services offered by Emergency Assistance Facilities can be found on page 14 of your policy document..

Data Protection

You should understand and give your consent that the information you provide about yourself or anyone else covered by your insurance policy may be used by insurers or P J Hayman & Company Limited, for the purpose of providing your insurance and handling any subsequent assistance or claims matters. This use could also include transfer of such information to other countries including those with limited or no data protection laws.