

GLOBETROTTER ANNUAL MULTI-TRIP TRAVEL INSURANCE

APPLICATION FORM

TO BE COMPLETED ON BEHALF OF ALL APPLICANTS

FULL NAMES OF ALL APPLICANTS	DATE OF BIRTH	RELATIONSHIP TO FIRST APPLICANT
1.....	SELF
2.....
3.....
4.....

Premiums (subject to medical screening) inclusive of Insurance Premium Tax (17.5%)

Under 65 years: Single €105.75 Couple €129.75 Family €199.75

65 to 74 years: Single €185.06 Couple €226.19

COVER REQUIRED (PLEASE TICK)

SINGLE

COUPLE

FAMILY

KEY FEATURES

1. The policy provides cover in respect of journeys which start and finish within the 12 month period of the policy as shown on the proof of premium which will be issued with the policy document.
2. Please note that if a Couple or Family policy is taken, the Spouse and/or children are only covered whilst:
 - travelling with the principle policy holder, or
 - travelling to be with and stay with the principle policy holder, and
 - travelling home after staying with the principle policy holder.
2. The maximum duration of any one trip cannot exceed;
 - 31 days if you are aged under 65 years old at the date the policy is issued
 - 24 days if you are aged between 65 and 74 years old at the date the policy is issued
3. The maximum age under this policy is 74 years at date of application
4. The policy automatically includes medical expenses for 17 days wintersports cover - the policy may be extended to cover ski equipment etc on payment of an additional premium.
5. The sums insured and limits of cover are shown on page 3
6. Certain sections of the cover are subject to an excess - this is the amount that you have to pay in the event of a claim and is deducted from any claim settlement that may be made. The excesses applicable to this policy are shown on page 3.
7. Claims are settled on an indemnity basis, which means that the age of the item and wear and tear are taken into account before settlement can be made.
8. Your attention is drawn to the Single Article Limits and Valuables Limits within the Personal Possessions section of the policy. Valuables should be insured all year round under the 'All Risks' section of your Home Contents Insurance.
9. You are asked to read the policy document carefully to ensure that you understand what is, and what isn't covered. If, having read the policy you find that it is not suitable or your needs, please return it to us within 14 days of receipt and we will arrange for your premium to be refunded.
10. We ask that you now proceed to the next page of the application, and that you read the Disclosure of Material Facts and Medical Declaration carefully and answer the questions as fully as possible.

Disclosure of material facts and pre-existing health conditions

Your policies may not cover claims arising from your pre-existing health conditions so you need to tell us of anything you know that is likely to affect our acceptance of your cover.

A. Pre-existing health conditions - so that we can ensure you are provided with the best cover we can offer please read the following questions carefully:

1. Have you, or anyone travelling with you, ever had treatment for:

- | | |
|---|---------|
| - any heart or circulatory condition. | YES /NO |
| - a stroke or high blood pressure. | YES/NO |
| - a breathing condition (such as asthma). | YES/NO |
| - any type of cancer. | YES/NO |
| - any type of diabetes. | YES/NO |

Please Note: We cannot provide any cover for psychological condition such as stress, anxiety, depression or eating disorders.

2. In the last few years - have you, or anyone who is travelling with you, been treated for any serious or recurring medical condition, asked to take regular prescribed medication, or referred to a specialist or consultant at a hospital for tests, diagnosis or treatment?

YES/NO

If you have answered '**Yes**' to any of the above questions we may be able to offer some cover and may be able to cover your health condition, although an increased premium may be required. **We will advise you of the cover provided and any additional premium that may be required when we issue your policy.**

3. You must also tell us if:

- you are waiting for tests or treatment of any description.
- your doctor alters your regular prescribed medication.

You need to keep copies of all letters we send you for future reference. Your failure to disclose any material facts may mean that your policy will not cover you and it may invalidate it altogether. We reserve the right to charge an increased premium, decline, withdraw, increase the policy excess, cancel or restrict cover for any person where the facts disclosed are considered unacceptable to us.

Should we require any additional premium, and you accept our offer, this should be paid to MH Healthcheck. Should you decide not to pay the additional premium the declared health condition will not be covered. Full confirmation of our terms and conditions will be sent out to your address after your call. Any additional health conditions not declared to us will not be covered.

STATEMENT:

I have read the questions above and answered them on behalf of all persons named on the application form. The statements made are true and I am authorised to sign this application accordingly.

Signed Date.....

Please print name here.....

Address (including Post Code if applicable and Country of domicile)

.....

.....Country.....

TelephoneNumber..... (we will telephone you in order to complete the issuing of your policy)

Please attach your cheque, payable to Milsom Howard Limited, for the premium appropriate to the policy you have chosen and send to Milsom Howard Limited, 22 Highfield Drive, Ickenham, Uxbridge, Middlesex, UB10 8AN United Kingdom.

Please note that if you have answered 'yes' to any of the questions above, we will call to you to see if we can provide cover for the pre-existing condition, and whether or not an additional premium is required.

SUMMARY OF POLICY COVERS

PRE-TRAVEL POLICY

Policy section	Cover provided	First amount you have to pay
A. Cancellation charges	up to €4,000 (See note 1)	€100 Deposit only claims: €50

Note 1. Your policy does not provide cover for re-occurring or **pre-existing medical conditions**.

If an **insured-person** has **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 they should phone

MH HealthCheck on **+44 (0) 1895 234919** to see if cover is available. **We** will confirm any special terms in writing. They should also tell **us** if their health or medication changes between buying this policy and travelling.

TRAVEL POLICY

Policy section	Cover provided	First amount you have to pay
B1. Departure delay After first 12 hour Each subsequent 12 hours Maximum amount payable Missed departure Abandonment after 24 hours	€25 €15 €150 up to €1,000 up to €4,000	Nil Nil €100
B2. Personal possessions Possessions delayed in transit for more than 12 hours	up to €200 for each individual item up to an overall total €250 for valuables up to a maximum of €1,300 in total essential items up to €150	€100 Nil
B3. Personal money Loss of travel documents	up to €150 in cash on your person up to €300 in total travel and accommodation costs necessary to replace your lost travel documents up to €750	€100 Nil
B4. Emergency medical expenses State hospital expenses	up to €2,500,000 outside your home country up to €15 for each full day you are confined to a hospital bed in a hospital up to a maximum of €300 (See note 2)	€100 Nil
B5. Curtailed (cutting short trip)	up to €4,000 (See note 2)	€100
B6. Personal liability	up to €1,500,000	Trip accommodation - €375 Other claims - €100
B7. Personal accident	up to €19,500 (See note 3)	Nil
B8. Legal Expenses	up to €15,000	€100

Note 2. Your policy does not provide cover for re-occurring or **pre-existing medical conditions**.

If an **insured-person** has **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 they should phone

MH HealthCheck on **+44(0)1895 234919** to see if cover is available. **We** will confirm any special terms in writing. They should also tell **us** if their health or medication changes between buying this policy and travelling

Note 3. Cover for accidental death is reduced to **€1,000** if **you** are over **75**

The benefit for inability to work does not apply if **you** are over **75**.

Important note for policyholders who are residents of the United Kingdom

The Sums Insured and Policy Excesses in this policy are shown in Euros. Generally, claims will be settled in Euros unless **you** request otherwise.

Should **you** require **your** claim to be settled in Sterling, then the Sums Insured, Policy Excesses and any other reference to monetary ;limits within the text of this insurance, will be converted to Sterling using an exchange rate of €1 = £0.65.

The actual value of the claim itself will be converted to Sterling using the exchange rate applicable at the time of settlement.

ABOUT OUR SERVICES

1 The Financial Services Authority (FSA)

The FSA is the independent watchdog that regulates financial services. It requires us to give you this document. Use this information to decide if our services are right for you.

2 Whose products do we offer?

We only offer this Annual Multi Trip Travel Insurance product from a single insurer.

3 Which service will we provide you with?

We will advise you on this product and if it is not suitable for your needs we may recommend another product to you..

4 What will you have to pay us for our services?

We do not usually charge a fee for our services, but if there are any fees to be paid by you, these will be detailed in the quotation we send you.

5 Who regulates us?

Milsom Howard Limited, 22 Highfield Drive, Ickenham, Uxbridge, Middlesex UB10 8AN is authorised and regulated by the Financial Services Authority. Our FSA Register number is 305252.

Our permitted business is arranging general insurance contracts.

You can check this on the FSA's Register by visiting the FSA's website www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234

6 Ownership

Milsom Howard Limited is a privately owned company.

7 What to do if you have a complaint

If you wish to register a complaint, please contact us:

..... **in writing** Write to Milsom Howard Limited, 22 Highfield Drive, Ickenham, Uxbridge, Middlesex UB10 8AN

..... **by phone** Telephone + 44 (0) 1895 234919

If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service.

8 Are we covered by the Financial Services Compensation Scheme (FSCS)?

We are covered by the FSCS. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

Insurance advising and arranging is covered for 100% of the first £2,000 and 90% of the remainder of the claim, without any upper limit.

Further information about compensation scheme arrangements is available from the FSCS.

Globetrotter is underwritten by

the URV, Branch Office of Union Reiseversicherung AG for the United Kingdom
Registered in England & Wales. Company No. FC024381 Branch No. BR006943 A public body
corporate with limited liability

Registered Office: Maximilianstrasse 53, D-80530 Munich, Germany

Registered with Amtsgericht Munich, Germany Registered Number: HRB 137918

Union Reiseversicherung AG are authorised and regulated by BAFin and regulated in the United
Kingdom by the Financial Services Authority.

Union Reiseversicherung AG are members of the Financial Services Compensation Scheme

Administered in the United Kingdom and Ireland by Travel Insurance Facilities plc

Registered Office: 10 Victoria Road South, Southsea, Hampshire, PO5 2DA

Registered in England Registered Number: 3220410

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