



Group Business Travel Insurance

Company Name:

Main Address:

Please provide similar details for any other Companies or Businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

Additional Insured Name & Address:

NOTE: Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy.

Year Business Established:

Business Description:

Existing Health:

No payment will be made under this insurance for any claims arising out of a medical condition, which the insured person knew about at the time the insured trip was booked or begins, unless the condition is normally stable, under control and has been without the need for in patient or emergency medical care in the last twelve months.

Travel Pattern:

Please provide full details of the travel pattern for the past 12 months.

	Rest of World	Europe	UK (if required)
Number of Person Trips Per Annum *			
Average Duration			
Maximum Duration			

* Number of person trips per annum should be calculated as follows:

2 people travelling to Europe five times a year is 10 trips.

4 people travelling with the UK twenty times a year is 80 trips.

Is the travel pattern for the next 12 months expected to vary significantly from this?

Yes No



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If 'YES', please provide full details:

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

Yes No

If 'YES', please give details below:

Date	Details	Amount	Remedial Action

Please continue on a separate sheet if necessary.

please fax back to 0845 338 6061

or email: enquiries@solicitorassist.com