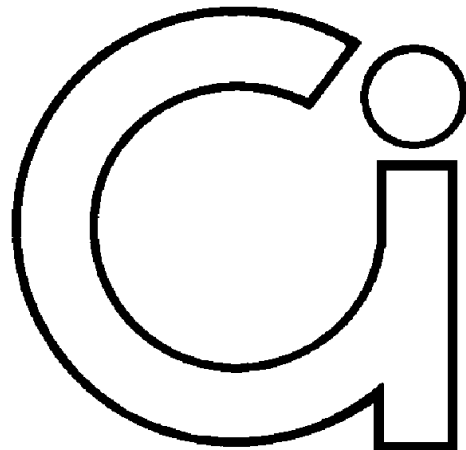


Campbell Irvine

Registered Insurance Brokers

GROUP BUSINESS
ANNUAL MULTI TRIP
TRAVEL INSURANCE
APPLICATION FORM 2007



48 Earls Court Road Kensington London W8 6EJ
Telephone: 020 7937 6981 Fax: 020 7938 2250
WWW.CAMBELLIRVINE.COM

info@campbellirvine.com

AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY

PLEASE COMPLETE ALL THE FOLLOWING QUESTIONS.

- 1) **Name and address of the Company, please also state the name of all subsidiary companies you wish to include:**
- 2) **Brief business description for the Company:**
- 3) **Persons to be insured, i.e. All Directors and employees or specified persons only:**
- 4) **Do you wish to include any of the following as Insured Persons?** Please tick as appropriate
- | | | |
|---|------------------------------|-----------------------------|
| Spouse/Partner whilst accompanying an Insured Person | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Dependent Children whilst accompanying an Insured Person. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
- 5) **Do you wish to include business trips within the UK.**
(cover would only be operative where the trip involves an airflight or an overnight stay). YES NO
- 6) **Do you wish to include Holiday trips for Directors** YES NO
Including their accompanying Spouse/Partner and
Dependent Children.
- If YES please advise the total number of Directors:
- 7) **Are all persons to be insured normally resident in the U.K.** YES NO
If NO please confirm details:
- 8) **Are any trips likely to be to countries in a state of civil unrest,** YES NO
civil war or faced with such threats.
- If YES please confirm details:
- 9) **Are any of the trips to be covered under this insurance** YES NO
likely to involve manual or hazardous work.
- If NO please confirm details:
- 10) **Are any of the persons to be insured over the age of 70 years.** YES NO
If YES please confirm details:
- 11) **Please provide details of any claims under a similar insurance to this over the last 3 years:**

This Insurance is designed to provide automatic cover for business trips on behalf of the Company, with a destination outside the United Kingdom, without prior declaration.

Cover can be extended to include business trips within the United Kingdom where an airflight or an overnight stay away from home is involved. NB Medical Expenses are excluded with the United Kingdom.

Cover can also be extended to include Directors holiday travel outside the United Kingdom, both are optional extensions and must be requested in order for the cover to be operative.

The cover provided, shown overleaf, represents a comprehensive package of benefits, if however these do not fully meet your requirements please advise your Agent/Broker of your specific needs.

Cover is provided for 12 months (other periods are available if requested) and the premium is calculated based on the travel profile you provide below.

ESTIMATED TRAVEL OVER THE NEXT 12 MONTHS

When calculating the number of trips please ensure that it is the total number of trips e.g. 3 persons going on the same 5 day trip to Europe should be counted as 3 trips.

| DESTINATION | NUMBER OF TRIPS | AVERAGE DURATION |
|------------------------------------|------------------------|-------------------------|
| a) TRIPS TO EUROPE | <input type="text"/> | <input type="text"/> |
| b) TRIPS TO USA/CANADA | <input type="text"/> | <input type="text"/> |
| c) TRIPS ELSEWHERE IN THE WORLD | <input type="text"/> | <input type="text"/> |
| d) TRIPS WITHIN THE UNITED KINGDOM | <input type="text"/> | <input type="text"/> |

Only answer (d) if you have selected this Extension. (refer to Question 5)

PERIOD OF INSURANCE: 12 months commencing:

IMPORTANT NOTICE TO THE INSURED PERSONS OR ASSURED IF APPLICABLE.

All cover provided by this Insurance is conditional upon each trip not being booked or commenced by any Insured Person contrary to medical advice or to obtain medical treatment or after a terminal prognosis has been made. The cover referred to in this Insurance is subject to English Law.

NAME:

POSITION WITHIN THE COMPANY

DATE:

(For and on behalf of the Company and all Insured Persons)