

Residential and Foreign Travel Questionnaire



You must answer the questions fully and truthfully to the best of your knowledge. If you do not do so, and this affects our assessment of the risk, your insurance cover may be invalidated and this may result in your claim not being paid or not fully paid. If you are in any doubt about whether to provide information when filling in this form, please provide the information. If there is insufficient space, please continue your answer on a separate piece of paper clearly identifying the question number.

Full name:

Date of birth:

Occupation:

Please answer each question and where appropriate provide particulars.

1a - Do you presently reside outside the territories of the European Union?

Yes

No

1b - If yes, please name the country:

2 - Please provide details of which countries outside the European Union you have visited in the past 12 months, giving details of the number of visits and duration of each visit.

3 - Please provide full details of your travel plans for the next 3 years, for travel outside of the European Union, including which countries you will be visiting and the number and duration of trips anticipated each year.

4 - Please provide full details of your activities whilst abroad in last 12 months, and those expected for the next 3 years.

Last 12 months:

Next 3 years:

(cont...)

Residential and Foreign Travel Questionnaire (cont)



5 - If you expect to move country of residence within the next 3 years, please provide full details of which countries you may be resident in, and the expected duration of such residency.

6a - Does your travel or residence currently, or for the next 3 years, involve visiting or residing in protected or guarded accommodation? Yes No

6b - If yes, please give full details:

7 - Please indicate whether your expected residence or travel for the next 3 years will be staying in urban or non-urban areas.

8a - Have you taken or been advised to take any special precautions to protect your welfare and/or personal security? Yes No

8b - If yes, please give full details:

I declare that the answers I have provided are truthful to the best of my knowledge, and that I have not withheld any information which may influence the acceptance of my application/proposal. I understand that if any of the answers are later found to be untrue, inaccurate, or intended to mislead the insurers, the insurers will be entitled to declare this insurance invalid and not pay claims or not fully pay claims. I undertake to inform the insurers of any changes to the answers and information I have provided after the proposal form has been completed and up to the date it is accepted by the insurers.

Signature of the person to be assured:

Date:

Sum assured:

Term:

Please return this form to; Lutine Assurance Services Ltd, Underwriting Team, PO Box 1189, Doncaster, DN1 9RP Tel: 0344 854 2074 Fax: 0844 412 4139