

Group Travel Insurance Quotation Request

Please complete this form and email it to steve.green@jubilee-insurance.com to obtain a quotation.
Please allow 24 hours for a response.

Agency Name:

Contact Name:

Telephone No:

Email Address:

Client Registered Name:

Business Description/Trade:

Address:

<u>Estimate travel pattern for the next 12 months :</u>	Business Travel		Holiday Travel (If Required)	
	No of Trips	Average Duration	No of Trips	Average Duration
UK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Europe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA/Canada	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rest of World	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Higher rate Insurance Premium Tax may be applicable to holiday travel. This will be advised when the quote is given.

Who do you want to be covered (tick each that apply)

	Please Tick
1. Directors	<input type="checkbox"/>
2. Employees	<input type="checkbox"/>
3. Directors family members	<input type="checkbox"/>
4. Employees family members	<input type="checkbox"/>
5. Other <input type="text"/>	

When do you want to be covered (tick each that apply)

	Please Tick
1. Travel outside the United Kingdom	<input type="checkbox"/>
2. Travel in the UK involving an overnight stay and or air flight	<input type="checkbox"/>
3. Independent holiday trips	<input type="checkbox"/>

When do you want to be covered (tick each that apply) (cont)

- | | |
|---|--------------------------|
| | Please Tick |
| 4. Holiday trips that are incidental to a business trip | <input type="checkbox"/> |
| 5. Other | <input type="checkbox"/> |

Benefits required:

Enter the Sum Insured for each:

Personal Accident

Accidental Death £

Permanent Total Disablement / Loss of Eyes / Loss of Limbs £

Temporary Total Disablement £

Section 1 Overseas Medical and Emergency Expenses (Maximum £5m) £

Section 2 Employee Replacement and Job Resumption Expenses £

Section 3 Property £

Section 3 Money £

Sections 4 & 5 Personal Liability and Legal Expenses £2,000,000
and £50,000

Section 6 Cancellation, Curtailment or Rearrangement Expenses £

Sections 7 & 8 Travel Delay / Travel Disruption Included

Section 9 Hijack, Kidnap & Hostage Included

Claims Experience or Accident and or Sickness Record:

Please provide details of all claims in the last 3 years if insurance has been purchased for the period, otherwise please advise details of any incidents of accident and illness that have occurred during this period which have resulted in a claim.

Additional information and or specific requirements:

For further information please contact:

Jubilee A&H Team

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