

Residential & Foreign Travel Questionnaire

(to be completed by the member)

Member Full Name.....Date of birth.....

Policy number or scheme name.....

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.

Do you presently, or do you have any current intentions for the future, to reside or travel outside the European Union?

YES / NO

If yes, please provide full details of the countries to be visited and the number and duration of the expected trips each year.

Please advise full details of your activities whilst you are abroad.

Does your travel or residence involve visiting or residing in protected or guarded accommodation? YES / NO

If yes, please provide full details.

Please advise whether you are staying in urban or non-urban areas?

Have you taken or been advised to take special precautions to protect your welfare and or personal safety? YES / NO

If yes, please provide 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 cover. I understand that if any of the answers are later found to be untrue, inaccurate, or intended to mislead the insurers, they 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 declaration has been completed and up to the date it is accepted by the insurers).

Signed.....Date.....
(Member)

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