



ISLAND INSURANCE BROKERS LIMITED

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Travel Insurance Quote Form

You are kindly requested to complete ALL fields in this form otherwise we shall be unable to process your enquiry and comply with your request.

Personal Details

Name ID Card No. Occupation and place of work

Date of Birth Address

Telephone mobile: Fax email:

Preferred mode of contacting you phone/ post/ email/ fax

Preferred time for phone calls:

Travel Details

Date of travel:

Total Days

Area of travel: Europe, Mediterranean Basin
 World-wide exc. USA and Canada
 World-wide incl. USA and Canada
 If in doubt please specify here

Size of travelling party Pax aged under 2 years
 Pax aged 3-16 years
 Pax aged 17-69 years
 Pax aged 70 years and over
 TOTAL PAX

Is winter sports coverage required? Y/N

Do you wish to acquire additional personal accident coverage? Y/N

Will the period of travel include a cruise? Y/N

We will provide best available quotes on 2 or 3 different tiers of coverage.

All material facts must be disclosed to your brokers whether or not the subject of a specific question above. A material fact is one which an Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non disclosure or misrepresentation of a material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered as material, you should disclose them.

I declare that the above particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that a proposal form would need to be completed prior to placing of risk.

The submission of this form does not bind the Proposer to complete the insurance.

DATA PROTECTION

Island Insurance Brokers Limited only processes personal data in accordance with the Data Protection Act. By completing this form and sending it to Island Insurance Brokers Ltd, you consent to Island Insurance Brokers Limited processing your personal data in accordance with our Privacy Policy. Please view our Privacy Policy at www.islandins.com before submitting this form.