

Travel Quote Form

Inception date

Does the client and/or any party members intend on taking part in any sports or activities?

Yes

No

If 'Yes' please provide details

	Title	Name	Date of birth
Client			
Client's partner			
Child 1			
Child 2			
Child 3			
Child 4			

* Please note all members of the party must be under 75 years old and children must be financially dependent on the client, aged under 23 years in full time education and at the inception date of the policy all normally resident with the client.

Client's address

Postcode

Client's telephone number

Have all members of the party been permanent UK residents for the last 6 months?

Yes

No

Pre-existing medical conditions that are automatically covered on the policy are listed below:

Acne, ADHD, Allergic reaction (Anaphylaxis) provided that you have not needed hospital treatment in the last 2 years, Allergic rhinitis, Alzheimer's Disease, Arthritis (the affected person must be able to walk independently at home without using mobility aids), Asthma (controlled only using a reliever and a preventer inhaler and with no history of hospital admissions or a past medical history of chest infection/Pneumonia in the last 6 months), Blindness or partial sightedness, Carpel tunnel syndrome, Cataracts, Chicken pox (if completely resolved), Cholesterol Hyper/Hypo, Coeliac Disease, Colour Blindness, Common cold or flu, Cuts and abrasions (that are not self-inflicted and require no further treatment), Cystitis (providing there is no ongoing treatment), Deafness/ Impaired Hearing, Diabetes (type 2 controlled by diet only with no history of admissions or related medical conditions) Diarrhoea and vomiting (if completely resolved) Downs Syndrome, Dyspepsia, Eczema, Enlarged prostate (benign only), Essential tremor, Glaucoma, Gout, Haemorrhoids, Hay fever, HRT, Hyperlipidemia, Indigestion, Irritable Bowel Syndrome, Lichen Planus, Ligament or tendon injury (provided that you are not currently being treated), Macular degeneration, Melanosis, Menopause, Migraine (providing there are no ongoing investigations), Nasal polyps, Night Blindness, Parkinson's Disease, Physically Disabled, PMT, Psoriasis, Raynaud's Syndrome, Rhinitis, Rosacea, RSI, Sinusitis (providing there is no ongoing treatment), Skin or wound infections (that have completely resolved with no current treatment) Tinnitus, Underactive Thyroid (Hypothyroidism), Urticaria, Varicose veins in the legs, Vertigo.

Do any members of the party have any pre-existing medical conditions that are not automatically covered?

Yes

No

If Yes, please answer the following questions:

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| 1. You/they were aware of any reason why the trip could be cancelled or curtailed or of any medical condition which could result in a claim. | Yes | No |
| 2. You/they have, during the 12 months before this insurance started, suffered from or received treatment, advice or medication for any chronic, ongoing or recurring illness or condition. (A chronic condition is one lasting 3 months or more). | Yes | No |
| 3. You/they were travelling against the advice of a medical practitioner or in order to get medical treatment abroad. | Yes | No |
| 4. You/they have been diagnosed as having a terminal illness. | Yes | No |
| 5. You/they were receiving, recovering from, or on a waiting list for in-patient treatment in a hospital or nursing home. | Yes | No |
| 6. You/they were waiting for the results of tests or investigations, or awaiting a referral for an existing medical condition. | Yes | No |

Thank you for completing the quote form, if the client is required to contact the medical screening team we will be in contact shortly with a medical referral reference so the client can call and provide details of their medical conditions in confidence.



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