

Travel Insurance Application Form

Complete the application below in BLOCK CAPITALS and return it to your Agent for processing.

Agent Details

POLICY TYPE DETAILS

Cover Required Annual Multi-trip Yes Type of cover (Please tick): Worldwide Europe
Cover Start Date Cover must begin within 30 days of application

Who to cover (please tick) Individual Cover for you only
Couple Cover for you & your spouse/partner (must be residing at the same address and in a domestic relationship).
Family You, your spouse/partner and dependant children living at the same address. Please see IMPORTANT NOTE below*.

SUITABILITY CHECK Please tick yes or no.

- please confirm that you are a resident of the Republic of Ireland. Yes No
- are you, or any person travelling with you, aged 80 years or older at the time of inception of this insurance? Yes No
- have you, or any person travelling with you, received treatment for a heart condition, stroke, cancer, severe asthma or recurring chest condition, been referred to a specialist or been admitted to hospital overnight during the past three months? Yes No
- are you, or any person travelling with you, receiving inpatient treatment or awaiting such treatment in a hospital or nursing home or travelling with the intention of obtaining medical treatment abroad? Yes No
- have you, or any person travelling with you, received treatment for a terminal prognosis or been advised against travelling or made aware of any reason why a trip may be disrupted, cancelled or cut short? Yes No

The answers that you provide are the material facts on which your insurance will be assessed and the insurance documentation written. If you are in any doubt as to what constitutes a material fact, please contact your Agent. Failure to declare a material fact may nullify this insurance.

PROPOSER DETAILS

Title: First Name: Surname: Date of Birth:
Address:
County: Tel:(home) (work) (mobile)
Email Address: Marital Status: Single Married Partnered

SPOUSE/ PARTNER DETAILS (please complete if applying for a Couple or Family Policy)

Title: First Name: Surname: Date of Birth:

CHILDRENS' DETAILS

Firstname	Surname	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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*IMPORTANT NOTE:

Family Cover means you the Insured Person, your husband, wife or partner plus all of your unmarried dependant children aged under 19 years at the inception of this Insurance (or under 23 if in full-time education) travelling with you or your husband, wife or partner, all permanently residing at the same address in the Republic of Ireland. Unmarried dependant children aged 17 years and under are covered whilst travelling alone provided the Covered Trip does not exceed 30 days duration.

IMPORTANT NOTE

This Insurance covers travel in all countries Worldwide. The Maximum duration of any one trip should not exceed 60 days unless a trip extension has been purchased and is noted on the Schedule. Selected Wintersports and Recreational Activities are included. To enquire about a specific Wintersport or Recreational Activity refer to your Agent at time of purchase.

Additional Recreational Activities - Please specify the type of activity you would like covered. Your Agent will be in touch with you to advise whether cover may be granted and if an additional premium will apply.

This Insurance may not cover you when you take part in sports or activities where there is a high risk of bodily injury. Please contact your Agent if you will be participating in any such hazardous leisure activities. You are also reminded to read and understand the Declaration on the Application.

PRE-EXISTING MEDICAL CONDITIONS

The Underwriters shall not be liable for any claim resulting from any pre-existing condition for which the insured person is receiving regular medical treatment, advice or consultation at the time of effecting the insurance or at commencement of a covered trip. Disclosure of any pre-existing medical conditions to either your Agent or the Underwriters does not constitute cover for that particular illness being granted.

PAYMENT METHOD (Please tick)

Cheque

Cash

Other

Agent Reference Number:

Please do not send cash in the post. Cheques should be made payable to your Agent.

IMPORTANT INFORMATION

Please familiarise yourself with these important notes prior to availing of this Insurance.

Important notes relating to your application

1. There will be no cover if this application is incorrectly completed or unsigned.
2. If there are circumstances known to you that could affect your travel plans insofar as this Insurance is concerned, you should declare them.
3. The parties to the contract are free to choose the law applicable to it, but in the absence of specific agreement by Underwriters to the contrary the contract shall be subject to Irish law and jurisdiction.

Principal Exclusions which operate:-

War, terrorism and related risks; hazardous leisure activities (full details on application); claims arising from any pre-existing defect, infirmity or condition for which the Insured Person is receiving regular medical treatment, advice or consultation at the time of effecting this Insurance.

Principal Conditions Relating to this Application

1. At the time of taking out the Insurance you must not be aware of any reason why a holiday or trip might be cancelled.
2. You must not travel against medical advice or whilst receiving, seeking or awaiting medical treatment.
3. The Family Cover includes the insured person and spouse (or partner) plus all of their unmarried dependent children aged under 19, or aged under 23 if still in full time education. All children to be resident in the same dwelling as the parent(s).
4. Any person aged 80 or over at inception of the Insurance is not covered (Unless agreed by Underwriters).
5. This Insurance is limited to Republic of Ireland residents only.
6. There is no cover provided under this Insurance for any travel involving manual work. Business trips of a non-manual nature are covered.

COMPLAINTS PROCEDURE

At KennCo Underwriting Limited we aim to provide insurance cover and service of the highest standards. However, we accept that things can go wrong and we would rather be told about any difficulties than have a dissatisfied client. If you feel that we have been unreasonable in any aspect of the handling of your insurance please follow the procedure below.

1. In the first instance please write to:- The Complaints Manager, KennCo Underwriting Ltd, Suite 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16.
Please quote the reference number stated in the Schedule in any correspondence.
2. Should you still remain dissatisfied you are entitled to take your complaint to: The Managing Director, Axiom Underwriting Limited, First Floor, Orchard House, Westerhill Road, Coxheath, Maidstone, Kent, ME17 3NQ, United Kingdom. Registered in England and Wales with reg. no. 05547227
3. Should you remain dissatisfied you are entitled to take your complaint to the representative of Lloyd's in Ireland: Lloyd's Ireland Representative Ltd., 70 Sir John Rogerson's Quay, Dublin 2, Ireland. lloydsireland@lloyds.com
4. If you are not satisfied with the results of our investigation, you have the right to refer your complaint to an independent authority for consideration. Your complaint should be referred to: The Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2.

These arrangements for the handling of complaints are entirely without prejudice to your rights in Irish law and you are free at any stage to seek legal advice and take legal action.

DATA PROTECTION NOTICE

It is important that you read this Data Protection Notice or that someone explains it to you. The Notice must be shown to any party related to this insurance policy. KennCo Underwriting Ltd., arrange this insurance product on behalf of Axiom Underwriting Ltd., who in turn place this insurance product at Lloyd's and/or other insurance companies regulated by the FSA.

WE MUST HAVE YOUR CONSENT BEFORE WE CAN USE YOUR "SENSITIVE" PERSONAL DATA

Under Data Protection law we cannot consider your request for insurance cover or administer subsequent dealings in respect of your insurance without using ("processing") your "sensitive" personal data - which includes information about your health - as set out below, including passing some data to other countries if you have a medical emergency overseas.

We at KennCo will use your information to consider and process your insurance application and, if insurance cover is issued, to carry out subsequent dealings relating to your insurance. We will also use your information to contact you at the end of the insurance cover to enquire whether you wish to renew your insurance. In order to provide and maintain your insurance cover, we need to pass your information to some or all of the following:

- The agent/ broker who introduced your business to us.
- CEGA Assistance, Goodwood Airfield, Chichester, West Sussex, PO18 0DH who provide you with advice and assistance in the event that you have a medical emergency overseas and in assisting you with any claims you may wish to make.
- Certain Underwriters at Lloyd's and/or other insurance companies underwriting all or part of our travel products.
- Axiom Underwriting Ltd acting as agents on behalf of Insurers.
- Other such companies where we deem it necessary to provide your information to complete a sales transaction or process/investigate a claim settlement on your behalf.

None of your personal data (even if not "sensitive") will be given or disclosed without your consent to any person or organisation, or used for any purpose, other than those listed above, unless required by law.

We have entered into contract terms with all of the companies to whom we pass your data, requiring them to comply with the provisions of the Data Protection Acts 1988 and 2003. [As a matter of good insurance business practice, they should also treat your personal information as confidential.]

If you have any queries please contact: The Compliance Officer, KennCo Underwriting Ltd, Suite 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16, Ireland. Telephone: 00353 1 4994600.

We keep all your information confidential.

RIGHT TO CANCEL

You will for a period of 14 days from the date you receive your documentation, have a right to cancel this Insurance and receive a refund. This refund will be subject to a charge for the period of cover you have received, plus our reasonable administration charges. To exercise your right to cancel you must contact your Agent. Your Agent will request that your Schedule and Insurance Certificate are returned to effect cancellation.

IMPORTANT NOTE

It is a General Condition of the insurance as regards any insured person, and any close relative whose well being could affect travel plans, that insurance is not effected nor is a covered trip commenced:

- after receipt of a terminal prognosis, or
- against the advice of a registered qualified medical practitioner, or
- while receiving in-patient treatment or awaiting such treatment, or
- with the intention of obtaining medical treatment abroad during the trip

DECLARATION

I declare that to the best of my knowledge and belief

- all the above information is correct and
- all the proposers named above are in good health and
- no material facts have been withheld.

If you are in any doubt as to what constitutes a material fact, please consult your Agent. Failure to declare a material fact, or an incorrect answer or statement, may nullify the insurance.

Proposer's Signature

Date

POLICY ARRANGED BY



KennCo Underwriting Ltd. is regulated by the Central Bank of Ireland.
Registered No. 0454673 Suite 7 Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16.