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INTERNATIONAL TRAVEL INSURANCE POLICY PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

POLICY NO: _____ (OFFICIAL USE)

A. PERSONAL DETAILS

Surname: _____	Other Names: _____
Gender(please tick): Male [] Female []	Date of Birth: _____
Occupation: _____	Passport No: _____
Issuing Country: _____	Country of Citizenship: _____
Period of Insurance: Start Date: _____	No. of Travel days: _____
Address in Ghana: _____	
Telephone: _____	Email: _____
Country(ies) of Destination : _____	
Destination Address: _____	
Destination Telephone Number: _____	
In case of Emergency ,please Notify: _____	

B. NAMES AND AGES OF ACCOMPANYING SPOUSE/CHILDREN (WHERE APPLICABLE)

NO.	NAMES	GENDER	DATE OF BIRTH	PASSPORT NO.
1				
2				
3				
4				

C. SELECTED COVERAGE, PLEASE TICK [√]

PLAN OPTIONS:		
1. TRAVEL PROTECT []	2. PLAN "STUDENTS" []	3. PILGRIMAGE PROTECTION []
COVERAGE:		
1a. Europe/ Schengen []	2a. Worldwide 1 []	3a. Basic []
1b. Worldwide:	2b. Worldwide []	3b. Plus []
Pearl []		3c. Extra []
Traveller []		
Family []		
Economy []		
1c: Worldwide 1:		
Traveller []		
Pearl []		
PREMIUM <input style="width: 150px; height: 20px;" type="text"/>		

D. DISCLOSURE

Are you aware of any circumstances, medical or otherwise that could result in a claim under this insurance? Yes [] No []
If Yes, please give details on separate a sheet

E. DECLARATION

I DECLARE, ON BEHALF OF ALL PERSONS NAMED ON THIS PROPOSAL FORM, THAT:
To the best of my knowledge and belief , the information given above is true and all Health Conditions and Material Facts have been disclosed to the underwriters. No policy applicant will be travelling with the intention of receiving medical advice or treatment abroad. This application shall be the basis of the contract of insurance and Non-disclosure or misrepresentation of a material fact will entitle the underwriters to void the insurance.

SIGNATURE OF PROPOSER: _____ BROKER/AGENT: _____
AGENCY NO: _____
DATE: _____ PREPARED BY: _____

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POLICY NO