



TRAVEL INSURANCE PROPOSAL FORM

Agency _____

Account Number _____

Client _____

No _____

P.O BOX _____

TO _____

Madison Insurance House, Upper Hill Close • P.O. Box 47382 – 00100

Tel: 020-2721970/1, 2864000 • Fax 020-2723344 • Email: Madison@madison.co.ke Website: www.madison.co.ke

IMPORTANT: PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS OR TICK AS APPROPRIATE

PARTICULARS OF PROPOSER

Passport Number: _____ Date of Departure: _____ Citizenship: _____

Return Date: _____ Date of Birth: _____ Destination: _____

Occupation: _____ Other Destinations: _____ Address: _____

Trip Type (Business/Holiday etc): _____ Email Address _____

Next of Kin: _____ Phone: _____ Relationship: _____

Date of Departure: _____ Tel (For Next of Kin): _____

Return Date: _____ Address (For Next of Kin): _____

Other Persons Travelling:

Full Names	Passport Number	Date of Birth	Relationship with the proposer

- Does any proposed insured suffer from physical defects or infirmities? YES/NO. If Yes, please give particulars

- Is any of the proposed insured travelling for the purpose of receiving medical treatment? YES/NO. If yes, please give particulars:

- Has any proposed insured been treated for or told they had diabetes, abnormal blood pressure, any disorder or disease of the heart, lung back or spine, a mental, nervous or weight condition, cancer, kidney or liver disease, alcoholism or drug addiction of any other disease? YES/NO. If yes, please give particulars:

- Has any proposed insured had any personal accident, sickness, baggage or travel insurance cancelled or declined or renewal refused? YES/NO. If yes, please give particulars:

- Is any proposed insured already a member of any medical/rescue insurance scheme? YES/NO. If Yes, Please give particulars

- Has any proposed insured ever made a claim while travelling? YES/NO. If Yes, please give particulars:

I warrant that the above statements are true, and that I have not withheld or concealed anything affecting the proposed insurance, and I agreed that this proposal and declaration shall be the basis of the contract between me and the underwriters. I hereby consent to Madison Insurance Co (K) Ltd contacting my doctor or medical institution to obtain medical information about me and hereby authorize such doctor or institution to make full disclosure of such information to Madison Insurance Co (K) Ltd or its advisers, and to provide access to my complete medical and hospital records in order to proceed with assessment of a claim and/ or render medical assistance. I agree also to accept the underwriter's policy applicable to the insurance.

DATE: _____

SIGNATURE: _____

