

# Group Business Travel Proposal Form

Insured

Insured Address

Business Description

Current Policy Number  
(if applicable)

Renewal Date / Requested  
Start Date

Target Premium  
(if applicable)

Current Insurer

**Please input the total number of individual NON-MANUAL and MANUAL BUSINESS trips**

NOTE: Please remember that if two individuals are travelling together, it should be included as two trips in the estimated travel pattern for the Period of Cover

	Non Manual Business Trips					Manual Business Trips			
	UK	Europe	Worldwide	USA & Canada		UK	Europe	Worldwide	USA & Canada
Up to 4 Days					Up to 4 Days				
5 – 7 Days					5 – 7 Days				
8 – 14 Days					8 – 14 Days				
15 – 21 Days					15 – 21 Days				
22 – 31 Days					22 – 31 Days				
Up to 2 Months					Up to 2 Months				
Up to 3 Months					Up to 3 Months				
Up to 4 Months					Up to 4 Months				
Up to 5 Months					Up to 5 Months				
Up to 6 Months					Up to 6 Months				

Please provide any details of persons on secondment in excess of 6 months (including name(s), duration and location)

If MANUAL BUSINESS trips have been entered, please provide a brief explanation of the type of work carried out

Number of Directors/Key Employees requiring cover for Holiday Travel Extension (This automatically covers Spouses/Partners and Dependent Children, all can travel independently of one another, Worldwide cover, Maximum trip duration 31 days)

## Loss Experience

Please provide details of any claims in the last 3 years (if you already purchase a Group Business Travel Insurance), or please provide details of any incidents that could have given rise to a claim had this insurance been in force.

Incident Date	Name of Claimant	Details of Incident	Amount Paid/Reserves Outstanding