

PART 1 DETAILS OF INSURED(S)

PROPOSAL FORM

FOR TRAVEL INSURANCE

Travel Sure

Please print full names of ALL persons requiring cover and, whether for annual or single trip cover, indicate the number of days each person expects to be away from BVI.	
Primary Insured Full Name	
Date of Birth (DD/MM/YY)	No. of Days: Annual Cover □30 □60 □90 □120 OR Single Trip Cover
Mailing Address	
Email Address	Home No
Cellular No.	Work No
2. Additional Insured Full Name	
Date of Birth (DD/MM/YY)	No. of Days: Annual Cover □30 □60 □90 □120 OR Single Trip Cover
3. Additional Insured Full Name	
Date of Birth (DD/MM/YY)	No. of Days: Annual Cover □30 □60 □90 □120 OR Single Trip Cover
4. Additional Insured Full Name	
Date of Birth (DD/MM/YY)	No. of Days: Annual Cover □30 □60 □90 □120 OR Single Trip Cover
5. Additional Insured Full Name	
Date of Birth (DD/MM/YY)	No. of Days: Annual Cover □30 □60 □90 □120 OR Single Trip Cover
6. Additional Insured Full Name	
Date of Birth (DD/MM/YY)	No. of Days: Annual Cover □30 □60 □90 □120 OR Single Trip Cover
PART 2 PERIOD OF INSURANCE	
Please tick one and detail the required pe	eriod of cover.
☐ Annual Cover ☐ Single Trip Cov	ver From (DD/MM/YY) To (DD/MM/YY)
PART 3 DECLARATION	
I/We wish to effect an insurance with Coralisle Insurance (BVI) Ltd I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. I/We agree that this proposal shall form the basis of the contract between me/us and Coralisle and I/we agree to accept Coralisle's usual form of policy for insurances of this nature. If this proposal has been written by anyone else, that person is my agent for that purpose and not the agent of Coralisle. (If you have not personally completed the answers to these questions, please check them carefully before signing this declaration.)	
Print Name	
Signature	Date
Calculation for Individual Trip 1 Cover: No	. of days insured x Number of Insured Persons x \$ = \$
Calculation for Individual Trip 2 Cover: No	o. of days insured x Number of Insured Persons x \$ = \$

Coralisle Insurance (BVI) Ltd. Palm Grove House, Road Town, Tortola, British Virgin Islands PO Box 2377, Road Town, Tortola VG1110, British Virgin Islands | Tel 284 494 8450 | Fax 284 494 8559 | www.CGCoralisle.com

Personal and Business Insurance, Health Insurance and Employee Benefits, Life Assurance

INSURANCE | HEALTH | PENSIONS | LIFE

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