# CG | INSURANCE

## Travel Sure

| PART 1 | DETAILS OF INSURED(S) |

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.

1.  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 period of cover.

☐ Annual Cover          ☐ Single Trip Cover      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. of days insured____ x Number of Insured Persons ____ x $ ____ = $_____