FREEPHONE: 0800 980 3803
SWITCHBOARD: 01454 322266
E-MAIL: enquiries@edisonfordinsure.co.uk

Travel Insurance – Quotation Request

To save you time we have kept this form as brief as possible. Use the tab key to move through the form. If you do not know the answer, please state "unknown. When complete, kindly save as your surname and email to enquiries@edisonfordinsure.co.uk

Tell us about you

Title	
Your first name/s	
Your Last name	
Date of birth	/ / DD/MM/YYYY
House name or number	
Street	
Town	
County	
Post code	
Contact telephone number	

Travel Information

Departure date	/ / DD/MM/YYYY
Arrival date	/ / DD/MM/YYYY
Countries being visited	

Cover required

Policy type	Other _____
Winter sports	☐Yes ☐ No
Sports Equipment	☐Yes ☐ No
Business Equipment	☐Yes ☐ No
Cancellation	☐Yes ☐ No
Baggage	☐Yes ☐ No

Persons to be covered by policy, including children

Person 1 - Name		
Date of birth	/ /	DD/MM/YYYY
Any medical infirmities?		If yes, advise type and medication
Person 2 - Name		
Date of birth	/ /	DD/MM/YYYY
Any medical infirmities?		If yes, advise type and medication
Person 3 - Name		
Date of birth	/ /	DD/MM/YYYY
Any medical infirmities?		If yes, advise type and medication
Person 4 - Name		
Date of birth	/ /	DD/MM/YYYY
Any medical infirmities?		If yes, advise type and medication
Person 5 - Name		
Date of birth	/ /	DD/MM/YYYY
Any medical infirmities?		If yes, advise type and medication
Person 6 - Name		
Date of birth	/ /	DD/MM/YYYY
Any medical infirmities?		If yes, advise type and medication

Additional medical information

Has any person travelling has an operation in the last 12 months?	☐ Yes ☐ No	If yes, please complete this section.
Name		
Date of operation	/ /	DD/MM/YYYY
Nature of operation		
Prescribed medication as a result of operation		
Name		
Date of operation	/ /	DD/MM/YYYY
Nature of operation		
Prescribed medication as a result of operation		
Name		
Date of operation	/ /	DD/MM/YYYY
Nature of operation		
Prescribed medication as a result of operation		