



Tausi Assurance Company Limited

Tausi Court, Tausi Road, Off Muthithi Road, Westlands. P.O Box 28889 – 00200.
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PROPOSAL FORM FOR OVERSEAS TRAVEL INSURANCE

1 Name of Person to be insured (in full): Mr./Mrs./Miss:
Name: Date of Birth:

Name of Travelling Dependants
Name: Date of Birth:
Name: Date of Birth:

1.1 Occupation:

2 Contact Details (including your permanent address and telephone number):

3 Your Passport Number and the Passport Numbers of all travelling dependants:

4 Details of Journey [Place]: From: To:

4.1 Purpose of Journey (Please tick as appropriate):
Holiday/Leisure Conference/Seminar Exhibitions/Trade Fair
Study Training Business
Others (Please advise)

5 Duration of trip: From: To:

6 Contact person in case of an emergency (including their address and telephone number):
a) Local b) Country of Visit

7 Details of any condition for which you and/or any of your travelling dependants have previously taken medication, had treatment or sought medical advice for in the last two years:

7.1 Name, Address and Telephone Number of your and all travelling dependants regular Doctor. If you do not have a regular doctor please provide the contact details of the last doctor you saw:

8 Have you or any of your travelling dependants made a claim, been refused cover, or had an Insurer decline or impose special conditions in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance in the last five years?
YES NO If yes please provide details

9 **MEDICAL HISTORY:** Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application and, if you are in any doubt as to whether any facts are material, you should disclose them. This applies even if medical advice has not been sought.

10 **DECLARATION:** I hereby declare that the above answers are true and complete and that I have withheld no information. I agree that this proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between all insured persons and Tausi Assurance Company. If the answers now given by me cease to be true and/or complete, prior to departure I undertake to give immediate written notification to the Company.

Signature of Main Applicant:

11 Date:

Liability of Tausi Assurance Company does not commence until the proposal is accepted, premium received and policy issued. Please ensure you read the policy carefully for a detailed description of cover, limits and terms and conditions.