CG | BRITCAY

PROPOSAL FORM
FOR TRAVEL 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 the Cayman Islands.

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 ____

Calculation for Individual Trip 1 Cover: No. of days insured ___ x Number of Insured Persons ___ x $ ___ = $ 0.00

Calculation for Individual Trip 2 Cover: No. of days insured ___ x Number of Insured Persons ___ x $ ___ = $ 0.00

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 British Caymanian Insurance Company Limited ("CG BritCay"). 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 CG BritCay and I/we agree to accept CG BritCay'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 CG BritCay. (If you have not personally completed the an-swers to these questions, please check them carefully before signing this declaration.)

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG BritCay may process any and all of the personal data provided.

Travel Sure

- I consent to CG BritCay processing my personal data, in accordance with CG BritCay's Privacy Policy (https://international.cgcoralisle.com/privacy-policy/). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG BritCay in respect of any third party, is done with that third party's consent and knowledge of CG BritCay processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Print Name _____

Signature _____ Date _____

For Office Use	Policy No.	Period of Insurance		Receipt No.
		From:	To:	