



SPORTS TRAVEL APPLICATION

Insured: _____

Address: _____

Province/District: _____

Country: _____ **Postal Code:** _____

National Identification Number _____

Identification # _____ **Type of Identification:** _____

Email: _____ **Phone:** _____

Sex: _____ **Marital Status** _____ **Date of Birth:** _____

Beneficiary: _____

Period of Insurance: ____ / ____ / ____ **to** ____ / ____ / ____

Team: _____ **Sport:** _____

Name of Club/Association: _____

Email / Internet Site : _____

Notes : _____

Signature _____ **Date:** _____

Benefits Required - Per Traveller

Sections	Standard Benefits	Amended Benefits
Section 1A - Medical Expenses Incurred Overseas/Medical Evacuation	\$5,000,000	\$
Section 1B - Additional Expenses	\$20,000	\$
Section 2 – Loss of Deposits, Cancellation and Curtailment Expenses	\$10,000	\$
Section3 - Rental Vehicle Excess/Return of Vehicle	\$2,500	
Section 4 - Personal Accident & Sickness		
Capital Benefits		
Event 1 - Accidental Death (Under 18 years old 20%)	\$100,000	\$
Events 2-12	As per Schedule	
Loss of Income arising from Injury		
Weekly Benefit – 75% of Net income Lost to a maximum of	\$1,000	\$
Excess Period	14 Days	
Benefit Period	104 Weeks	
Bed Care Benefit		
Daily Benefit	\$100	
Maximum Days	50	
Section 4 - Aggregate Limit		
Any one claim and in the aggregate	\$4,000,000	
Non Scheduled Aircraft	Nil	\$
Section 5 - Luggage and Personal effects, Business Property, Money, Travel Documents	\$10,000	\$
Limit any one Item	\$2,500	\$
Excess each and every loss	\$100	
Electronic Equipment		
Limit any one item/loss	\$2,500	\$
Excess each and every loss	\$250	
Deprivation of Baggage	\$2,000	
Money/Travel Documents	\$1,000	
Excess each and every loss	NIL	
Section 6 - Personal Liability		
Limit of Liability – any one loss and in the aggregate	\$5,000,000	\$
Excess each and every loss	Nil	
Section 7 - Kidnap & Ransom		
Maximum any one event and in the aggregate	\$250,000	
Excess each and every loss	Nil	
Section 8 - Hijack & Detention		
Daily Benefit	\$100	
Maximum Days	30	
Legal Costs	\$5,000	

IMPORTANT NOTICES

PLEASE TAKE NOTICE OF THE FOLLOWING STATEMENTS PURSUANT

1. UTMOST GOOD FAITH

This insurance is a contract based on the utmost good faith requiring Underwriters and the proposer/insured(s) to act towards each other with the utmost good faith in respect of any matter relating to this insurance.

2. YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with Underwriters, you have a duty to disclose to Underwriters every matter that you know, or could reasonably be expected to know, is relevant to Underwriters' decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Underwriters before you renew, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter;

- That diminishes the risk to be undertaken by Underwriters;
- That is common knowledge;
- That Underwriters know or, in the ordinary course of their business, ought to know;
- As to which compliance with your duty is waived by Underwriters.

If you fail to comply with your duty of disclosure, Underwriters may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

3. NON-DISCLOSURE

If your non-disclosure is fraudulent, Underwriters may also have the option of avoiding the contract from its beginning.

4. HOW TO COMPLETE THIS FORM

Please complete the proposal form by ticking the box next to the correct answer or writing the information requested in the space provided. If there is insufficient space to answer any question please attach a separate sheet of paper.

**THIS DECLARATION MUST BE COMPLETED IN ALL CASES
 DECLARATION**

For and on behalf of the Insured I represent that the above statements and facts are true and that no material facts have been suppressed or mis-stated. I understand that completion of this form does not bind coverage. The Insured's acceptance of Our quotation and Our acceptance of the Insured's proposal is required before cover may be bound and the policy issued.

I further declare that on behalf of the Insured I :

- have either completed all the questions on this form personally or they have been completed
- by somebody else on my behalf and the answers have been checked for fullness and accuracy by me.
- am a duly authorised officer of the Insured applying for insurance for the purpose of completing this application.
- have read and understood the information concerning, the duty of disclosure, average provisions, utmost good faith and all other important notices.
- agree on behalf of the Insured to Sportscover obtaining from the Insured's previous insurer(s) any information it may need about prior claims or insurance history.
- agree to Sportscover making enquires from any third party to verify claims history and other information disclosed herein or statements made by the Insured or its representatives in making this application.
- agree to Sportscover disclosing to any insurance intermediary appointed by the Insured or to any former or future insurer of the Insured's the claims history or any other information as may be determined.

Full Name _____ Position held _____

Signature _____ Date _____/_____/_____