PACIFIC CROSS INSURANCE

ANNUAL TRAVEL APPLICATION

Policyholder: _____ Tel: _____

Address: _____ Fax: _____

_____ Email: _____

_____ Country of Residence: _____

Coverage Selected: (please ✓ appropriate box): Premier Plan ☐ Executive Plan ☐

Preferred Effective Date: _____ / _____ / _____ (MM/DD/YY)

Name of Insured Person (Last Name / First Name)	Sex	Date of Birth (MM/DD/YY)	Occupation	Passport No.	Optional Rental Car Protection	Personal Accident Benefit Additional Sum Insured	Premium US$
					☐ Yes ☐ No		
					☐ Yes ☐ No		
					☐ Yes ☐ No		
					☐ Yes ☐ No		
					☐ Yes ☐ No		
					☐ Yes ☐ No		
						Total premium of this policy:	

I enclose my check for US$ _____ payable to **Pacific Cross Insurance Company Limited**".

Please charge: ☐ American Express ☐ Visa ☐ MasterCard Card No.: _____ Expiry Date (MM/YY) _____ / _____

Name of Cardholder: _____ Relationship to Policyholder: _____ Signature of Cardholder: _____

Declaration: I hereby apply for an Annual Travel Insurance Policy to be based on the above statements, and warrant that to the best of my knowledge and belief that no Insured Person is travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that I understand treatment of any pre-existing, existing, recurring or congenital medical conditions is not insured. I further warrant that I am not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the journey as planned. I further authorize the Company to provide my personal data including but not limited to health and details of the claims incurred to reinsurance companies with whom the Company has or proposes to have dealings or to any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business.

Policyholder's Signature: _____ Date (MM/DD/YY): _____ Broker: _____