

Please only complete if the following applies:

- You are on prescribed medication or
- seeing your GP/Consultant on a regular/periodic review.

In addition if you are travelling outside England, Scotland, Wales or Northern Ireland the following additional conditions will apply:

You must notify the Issuer of this policy immediately of any of the conditions listed below arising between the date the policy is issued and the time of departure of the trip. **We** must be informed of any fact which is likely to influence **us** in the acceptance, assessment or continuance of this insurance. Failure to do so may invalidate this insurance, leaving **you** with no right to make a claim.

- 1) If **you** have received medical treatment as a hospital day case, in-patient or out-patient during the six months prior to the booking of the trip, **you** must obtain medical advice from a **medical practitioner** at **your** cost confirming that **you** will be fit enough to take the trip.
- 2) If **you** are undergoing medical treatment as a hospital out-patient at the date the final balance of the trip is due to be paid a certificate of fitness confirming **your** ability to travel must be obtained by **you** at **your** cost.

The Policy contains the following General Exclusions:

You are not covered for anything caused directly or indirectly by you suffering from stress, anxiety or depression unless it has been investigated and diagnosed as such by a Consultant specialising in the relevant field, who must confirm in writing at your cost that you are fit enough to take this trip.

You must notify the issuer of this Policy immediately of any of the conditions listed above arising between the date the policy is issued and the time of departure of the trip.

Failure to complete all questions may lead to a delay in reply

**IF YOU HAVE ANY FURTHER ENQUIRIES REGARDING THIS FORM
Please call 01932 334145 (normal office hours Monday to Friday 9am-5pm
only)**

Dear Traveller

COACH HOLIDAY TRAVEL INSURANCE SCHEME MEDICAL DECLARATION FORM (Wider wording)

Carefully read all the information listed below and on the back page of this form, and then complete all questions in BLOCK CAPITALS and tick box where applicable.

When completed send the form to: Towergate Chapman Stevens, Towergate House, 22 Wintersells Road, Byfleet, Surrey KT14 7LF.

IMPORTANT POLICY INFORMATION

Read the following pre-travel conditions carefully to ensure that you fully understand and can comply with these requirements.

IMPORTANT- HEALTH CONDITIONS

If you are travelling in England, Scotland, Wales, Northern Ireland and can answer NO to questions 1-3 and YES to 4 immediately below, it will not be necessary for you to complete a Self Declaring Medical Form. The Standard Policy Terms, Conditions and Exclusions shall apply.

It is a condition that at the time of taking out this policy and between that time and **your** departure **you** must comply with each of the following:

- 1) **You** are not aware of any reason why the trip should be cancelled or cut short
- 2) **You** are not travelling:
 - a) against the advice of a **medical practitioner**
 - b) for the purpose of obtaining medical treatment, or
 - c) if **you** have been given a terminal prognosis
- 3) **You** are not receiving or awaiting treatment for an illness or injury as a hospital day case or in-patient as any claim arising from the illness or injury will not be covered.
- 4) If **you** are on medication at the time of your travel your medical condition must be stable/well controlled.

Towergate Chapman Stevens is a trading name of Towergate Underwriting Group Limited

Towergate House, 22 Wintersells Road, Wintersells Business Park, Byfleet, Surrey KT 14 7LF

Tel: 01932 334140 Fax No, 01932 351238 E-MAIL: chapmanstevens@towergate.co.uk

WEBSITE: www.towergatechapmanstevens.co.uk

Registered in England No. 4043759. Registered Office: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3EN
Authorised and regulated by the Financial Services Authority

COACH HOLIDAY TRAVEL INSURANCE SCHEME

IMPORTANT Please Print Answers in **BLOCK CAPITALS**, and Failure to complete all questions may lead to a delay in reply

1.	Title	(Mr/Mrs/Miss/Ms)		
2.	Surname			
3.	Forename(s)			
4.	Address			
5.	Town			
6.	County			
7.	POSTCODE			
8.	Date of Birth			
9.	Telephone Number			
10.	Have you previously made any claims for medical expenses or holiday cancellation ? <i>If YES, please provide details on separate sheet</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
11.	Have you consulted your GP or Specialist regarding the proposed holiday or journey ? <i>If YES, please provide details on separate sheet</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
12.	Coach Operator or Tour Operator Name			
13.	Document No.(s)			
14.	Date Policy Issued			
15.	Date of Booking			
16.	Holiday Destination - Country Name(s) <i>You do not need to complete this form if travelling in the UK please see conditions overleaf.</i>			
17.	Holiday Cost (P/Person)			
18.	Outward Travel Date	/ /	No. Days	
19.	Return Travel Date	/ /		

List **ALL** medical conditions and **ALL** prescribed medicines - please print answers in **BLOCK CAPITALS**
NOTES **Medical Declaration Form - PART 1**

- All medical conditions currently under treatment or periodic review **MUST** be listed, use a separate sheet if there is insufficient room on this form.
- Diagnosis Date is the date when you first saw your GP about the medical condition
- We suggest you refer to the medicine's packaging to ensure correct spelling
- If you are prescribed more than 5 medicines for any medical condition, please continue on a separate sheet of paper.

1st Medical Condition :		Date Diagnosed
Is this condition considered to be "stable" ? YES NO (tick one)		[/ /]
Has this condition ever necessitated a hospital admission, if so what date ?		[/ /]
Number of days in hospital:		
Prescribed Medicine - See Notes 3 & 4 below	3.	
1.	4.	
2.	5.	

2nd Medical Condition :		Date Diagnosed
Is this condition considered to be "stable" ? YES NO (tick one)		[/ /]
Has this condition ever necessitated a hospital admission, if so what date ?		[/ /]
Number of days in hospital:		
Prescribed Medicine - See Notes 3 & 4 below	3.	
1.	4.	
2.	5.	

3rd Medical Condition :		Date Diagnosed
Is this condition considered to be "stable" ? YES NO (tick one)		[/ /]
Has this condition ever necessitated a hospital admission, if so what date ?		[/ /]
Number of days in hospital:		
Prescribed Medicine - See Notes 3 & 4 below	3.	
1.	4.	
2.	5.	

DECLARATION

I, the undersigned, declare that all information provided on this form and any attachments is truthful to the best of my knowledge and belief and that no information has been withheld which may influence the insurer(s) in their assessment of this risk.

Signed	Print Name	Date