



## Quote Proposal Form Chill Travel Insurance

Thank you for choosing Chill Travel Insurance

This proposal form details the information we request when preparing your travel insurance quotation. Please read this document carefully and ensure the information you provide when you complete your quote online or through our contact centre is correct.

The information we request from you is material to our assessment of your insurance needs, to our decision to accept the risk and on what terms, and to the calculation of the premium. You must answer all questions that we ask honestly and with reasonable care.

Failure to provide accurate information could invalidate some or all of the cover available under the policy, or affect the outcome of future claims. We may refuse a claim if there has been a material change to the information provided when setting up the policy, and the change is to such an extent that we would not have agreed to accept the risk.

### Main Traveller

First Name

Surname

Date of Birth

Promotional Code

Do all travellers have Private Health Insurance covering them for a minimum of 55,000 euros for overseas medical cover?

*If you and each additional traveller on this policy have private health insurance in place providing inpatient medical cover abroad to a minimum of €55,000 per person per claim, you qualify for a reduced premium on your travel insurance. This cover must remain in place for the full duration of your policy with us.  
In the event of a claim for inpatient medical treatment abroad, you must claim on your private health insurance first. The benefits payable under your travel insurance policy will commence once you have reached the limit on your private health insurance policy.*

### Contact Details

Address

Phone Number

Email

### Additional Travellers

Name and Age of up to 9 additional travellers

### Cover Required

Trip Type

Cover For

Destination

Cover Type

Do you require cover for Wintersports?

Start Date of Travel

End Date of Travel

Do any travellers have any medical conditions?

1 – In the last two years have you or any person insured on this policy suffered from or received any form of medical advice or treatment, medication or investigation for any medical sickness, disease, condition, injury or symptom.

2 – Have you or any person insured on the policy ever had treatment or hospital consultation for any cardiac, cardiovascular, hypertensive, or cerebrovascular illness, disease, condition or symptom?

*Cover for pre-existing medical condition(s) is only provided if the medical screening has been completed, the condition(s) has / have been accepted by us and any additional premium has been paid. A separate medical certificate will be issued by us detailing pre-existing medical conditions declared and accepted for cover, or excluded from cover.*

## Important Declarations

You confirm on behalf of yourself and all insured persons that you and all insured persons:

- Have read and accept the policy terms and conditions
- Reside and are currently present in the Republic of Ireland
- Have answered all questions honestly and with reasonable care