



INSURANCE DECLARATION

If you wish to avail of Tom Mannion Travel Insurance, then this form MUST be completed, signed and submitted with your booking form - failure to do so could mean that you are not covered.

QUESTIONS		PASSENGER 1	PASSENGER 2	PASSENGER 3
1	Any medical condition where you have been prescribed medication (including repeat prescriptions), received treatment or attended a GP surgery/specialist or attended a hospital as an out-patient / in-patient in the last 2 years?	YES	YES	YES
		NO	NO	NO
2	Been placed on a waiting list for a hospital or consultant appointment or are you currently awaiting the results of any tests or investigations?	YES	YES	YES
		NO	NO	NO
3	Been diagnosed by a medical practitioner as suffering from a terminal illness?	YES	YES	YES
		NO	NO	NO
4	In the last 2 years, received any medical treatment (including investigation, medication or follow up) for: <ul style="list-style-type: none"> any heart, heart related or circulatory condition; or any respiratory condition; or any stress, anxiety, depression or any other psychological condition; or any cancerous condition; or any cerebral condition (relating to the brain) 	YES	YES	YES
		NO	NO	NO

If you answer YES to any of the four questions above, you will be required to phone the insurance company's medical screening helpline before your insurance cover is finalised.

We will provide you with the medical screening number and your policy quote reference after we receive your deposit / insurance premium.

You must notify the issuing agent of any reason for the cancellation of the trip that might arise between the date of issue of this policy and the start of the holiday or trip.

PLEASE ENSURE THAT YOU HAVE ANSWERED YES/NO TO EACH OF THE FOUR QUESTIONS ABOVE BEFORE SIGNING THIS FORM

SIGNATURE PASSENGER 1 _____

SIGNATURE PASSENGER 2 _____

SIGNATURE PASSENGER 3 _____

DATE _____