

Travel Insurance Application Form

Complete our **travel insurance application form** sample, designed to streamline your coverage process. This form includes a detailed medical questionnaire to ensure accurate risk assessment and personalized protection. Safeguard your journey with comprehensive and tailored travel insurance solutions.

Personal Information

Full Name:

Date of Birth:

Passport Number:

Email Address:

Phone Number:

Home Address:

Trip Details

Destination(s):

Departure Date:

Return Date:

Purpose of Travel:

-- Select --

Level of Coverage:

-- Select --

Medical Questionnaire

Do you have any existing medical conditions?

☐ Yes ☐ No

If yes, please specify:

Are you currently taking any medication?

☐ Yes ☐ No

If yes, please specify:

Have you been hospitalized in the last 5 years?

☐ Yes ☐ No

If yes, please provide details:

Do you have any allergies?

☐ Yes ☐ No

If yes, please specify:

Other relevant medical information:

Declaration & Consent

☐ I confirm that the information provided is true and complete. I consent to the use of this information for processing my travel insurance application.

Submit Application