



TRAVEL INSURANCE INDEMNITY FORM

I/We understand that this policy excludes claims arising directly or indirectly as a result of a pre-existing medical condition of myself/any of the insured party or anyone who's health the trip depends, unless this pre-existing medical condition is declared to and accepted by Healthcheck (see policy document).

I/We are not aware of any reason why the insured trip may have to be cancelled, at the time of purchasing Worldwide Insurance Brokers Travel Insurance.

I/We understand the full insurance premium and policy excess will be deducted from any amount claimed.

Signed on my own behalf and on behalf of all those covered by this insurance proposal.

Signature _____

Date _____

If you are not purchasing a Worldwide Insurance Brokers Travel Insurance Policy with this agent please read and sign the following;

I/We have chosen not to take the travel insurance arranged by my travel agent/Tour Operator and hereby absolve my/our travel agent /Tour Operator from any and all possible liability which may arise as a consequence of my/our having declined to purchase the travel insurance policy offered to me/us.

Signed on my own behalf and/or on behalf the group

Signature _____

Date _____