

APPLICATION FORM IHI BUSINESS TRAVEL



(PLEASE USE BLOCK LETTERS)

_____ # _____

POLICYHOLDER

Company name _____

Company address _____

Company address _____ Postal Code _____

City _____ Telephone _____

Country _____ Fax _____

E-mail _____

Contact person _____

WHO SHOULD BE COVERED BY THE INSURANCE?

Employees Board members Guests

Co-travelling spouses Co-travelling children

CONDITIONS

Start date (1st of the month) (day/month/year) 01 _____

Do you wish to include the baggage supplement? YES NO

PURPOSE OF THE TRIP

Business Combined business and leisure

ANNUAL TRAVEL ACTIVITY

Number of travel days (min. 200 days) _____

Number of travelling persons _____

Number of insurance cards _____

COMMENTS

Before each trip, the policyholder has to inform International Health Insurance danmark a/s about the name of the travelling employee together with the travel dates. If the agreed number of annual travel days is exceeded during the insurance period the policyholder shall be under the obligation to buy the number of extra travel days required.

The premium is payable in advance for the whole insurance period.

The policy can be cancelled by written request up to one month before renewal. Otherwise the policy will be renewed automatically and issued for another year.

Unused travel days may be transferred from one insurance period to the following period. The first 200 travel days are never transferable. Groups of persons not stated in the policy documents are not covered.