THE INSURANCE COMPANY OF THE WEST INDIES LIMITED
13 Castle Street, Roseau, Commonwealth of Dominica
Tel: (767) 440-ICWI (4294), E-mail: dominica@icwi.com

OVERSEAS TRAVEL INSURANCE PROPOSAL FORM

THE PROPOSER

Name:	Date of birth: (dd/mm/yy)
Home address:	Phone:
Mailing address:	Phone:
Business or profession:	Email address:
Business/Employer's name and address:	Phone:
Passport number:	

DEPENDENTS TRAVELLING WITH YOU

Name	Passport Number

THE JOURNEY

(a) From Dominica to ……

(b) Duration of trip: From: …… To: ……..……...……

(c) What other countries will you visit on this trip and for how long, including while in transit?

……..

(d) Purpose of the journey (check all that apply):

Holiday/Leisure ☐ Conference/Seminar ☐ Exhibition/Trade Fair ☐

Study ☐ Training ☐ Business ☐

Other (please state): ……

EMERGENCY CONTACTS

Locally	Country of Visit
Name:	Name:
Address:	Address:
Tel. #:	Tel. #:

ADDITIONAL INFORMATION

(a) Details of any condition for which you and/or any of your travelling dependents have previously taken medication, had treatment or sought medical advice for in the last two years:

……..

(b) Name, address and telephone number of your regular Doctor and the regular Doctor of all travelling dependents:

……..

……..

(c) Have you or any of your travelling dependents made a claim, been refused cover, or had an Insurer decline or impose special conditions in respect of Life, Accident, Sickness, Hospital Expenses or Travel Insurance in the last five years?

If yes, please provide details: ……..…….

(d) Personal Accident sum insured required:

EC$ 67,500 ☐ EC$ 135,000 ☐ EC$ 202,500 ☐ EC$ 270,000 ☐

MEDICAL HISTORY

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this application. If you are in any doubt as to whether any facts are material, you should disclose them. This applies even if medical advice has not been sought.

Beneficiary: ……..……..

Premium: ……....

I hereby declare that the above answers are true and complete and that I have withheld no information. I agree that this proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between all insured persons and The Insurance Company of the West Indies Limited. If the answers now given by me cease to be true and/or complete prior to departure I undertake to give immediate written notification to the Company.

Proposer's Signature: ……..…….. Date: ……

Liability of The Insurance Company of the West Indies Limited does not commence until the proposal is accepted, premium received and issued. Please ensure you read the policy carefully for a detailed description of cover, limits, terms and conditions.