

Shengen Travel Application Form



(Please use block letters)

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Admission

I/We wish to take out:

Cover period	Single trip (in days)						Multiple trip (in days)		
	3	7	14	21	31	62	90*	182**	365**
EUR	<input type="radio"/> 7	<input type="radio"/> 13	<input type="radio"/> 21	<input type="radio"/> 25	<input type="radio"/> 34	<input type="radio"/> 51	<input type="radio"/> 50	<input type="radio"/> 64	<input type="radio"/> 117
USD	<input type="radio"/> 11	<input type="radio"/> 16	<input type="radio"/> 27	<input type="radio"/> 33	<input type="radio"/> 43	<input type="radio"/> 65	<input type="radio"/> 66	<input type="radio"/> 75	<input type="radio"/> 146

Maximum insurance age is 79. For persons aged 56-79, premiums will be increased with 50%.

* max. 30 days per trip
** max. 90 days per trip

as of (dd/mm/yyyy)

Please choose currency USD EUR

Please list all the persons to be covered by the policy

Policyholder

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Spouse/dependants

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Spouse/dependants

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Spouse/dependants

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Spouse/dependants

First name(s)

Family name(s)

Sex (M/F) Date of birth (day/month/year) Age

Nationality Premium

Total premium

