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SKITEAM4 – SCHOOL GROUP TRAVEL INSURANCE

Thank you for contacting our Medical Helpline regarding your pre-existing medical conditions. You will find attached a medical report form which we would ask that you complete and return to us. You should note that your policy carries an exclusion of claims arising from pre-existing medical conditions as standard (see policy document for details or contact your selling agent). Our review will assess if we can extend the standard cover to include your medical conditions, or if we will need to maintain the standard terms and continue to not cover those medical conditions that existed prior to the date you purchased this insurance. In the absence of written advice from us to the contrary, you should be aware that claims arising from your pre-existing medical conditions are not covered.

Please note that it is very important that you provide us with as full a declaration as possible and if needed, please continue on a separate sheet of paper. We would ask that you print your answers clearly as illegible replies could result in the application being delayed or possibly refused. Should you have any queries, please do not hesitate to contact us. Please note our reference number which should be quoted in all correspondence.

The information that you supply on this form will only be used by us to assess whether we will provide cover for the disclosed medical conditions. This information will not be passed to any third party.

For full details of what data we collect about you, how we use it, who we share it with, how long we keep it and your rights relating to your personal data, please refer to our Privacy Policy at https://www.asua.co.uk/allseasons_privacy.html or please ask a member of staff for details.

Kind Regards,

ALL SEASONS UNDERWRITING AGENCIES LIMITED

TRAVEL INSURANCE APPLICATION, MEDICAL REPORT

Name:	DOB:	Sex: Male / Female
Address:		
Telephone No:	Height:	Weight:
Email address:		
Name of Insurance Provider/Name of Insurance: - SKITEAM4	Departure:	Return:
Countries to be visited:	Name of holiday: School Group Ski Trip	
Policy - BSPOKE-2024-100-1039	Number of persons in party:	
Cost of holiday per person:	Date insurance purchased:	

PRE-EXISTING MEDICAL CONDITIONS

For any chronic, serious or ongoing medical condition for which you have received treatment or have been a hospital in-patient during the twelve month period immediately preceding the date of issue of the certificate, or where you are on a hospital waiting list for in-patient treatment you must submit a written medical report to All Seasons Underwriting Agencies Limited prior to effecting this insurance. Cover for these conditions will only be provided following our acceptance.

PLEASE COMPLETE THIS FORM IN FULL AND PROVIDE ALL REQUIRED INFORMATION.

PRINT ANSWERS CLEARLY AS ILLEGIBLE CERTIFICATES WILL CAUSE THE APPLICATION TO BE REFUSED. PLEASE CONTINUE ON A SEPARATE SHEET IF MORE SPACE IS NEEDED AND ANSWER QUESTIONS AS FULLY AS POSSIBLE.

<p>Name & Nature of Medical Condition(s):</p> <p>Include details of: Dates of diagnosis: Treatment & dates treatment received:</p>	
<p>Medication(s) taken:</p> <p>Include details of: Any changes in medication(s) and date(s) of change:</p>	
Date of last Hospital/Surgery appointment including result(s):	Frequency of visits:

Name and address of your G.P.

Relevant medical history:

Current symptoms/treatment:
Include details of:
Any follow up appointments:
Awaiting any further treatment, tests or test results required:

To What extent does the condition affect normal life? Please circle as appropriate:

None	Slight	Moderate	Severe
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Other details [please add any comments you feel are relevant]

Signature _____ Date _____

I agree that the answers above are to my best knowledge and belief correct and I have not withheld any information. I further agree that in the event I require medical assistance whilst abroad All Seasons Underwriting Agencies Limited may approach my General Practitioner for any medical information.

N.B. Once completed this form must be forwarded to All Seasons Underwriting Agencies Limited for approval prior to acceptance of risk. Any cost incurred in the completion of this report is the responsibility of the applicant.

Please return this completed Medical Form to info@asuagroup.co.uk