



HEAD OFFICE: AYALON HOUSE, 12 Abba Hillel Silver St., Ramat Gan 52008
 mail@ayalon-ins.co.il www.ayalon-ins.co.il P.O.B. 10067 ISRAEL

PROPOSAL FORM FOR TRAVEL INSURANCE

Overseas travel hotline: 1-700-700-674

Fax: 03-6897621

Name of the insurance agent אריק לוי Agent no. 322460

Name of main insured _____ ID no. _____ Date of birth _____

Address and postcode _____

Telephone no. _____ Fax no. _____

Period of insurance: From _____ to _____

(N.B. Please ensure you include the travel date and return date)

I, the main insured as stated above, wish to insure myself and my family members stated hereunder in accordance with the covers, terms, conditions, subjectivities and exclusions detailed in the policy.

	<u>Forename</u>	<u>Surname</u>	<u>ID number</u>	<u>Date of birth</u>
1.				
2.				
3.				
4.				
5.				

To where are you travelling? USA / Canada / Other (please state): _____

- * Extension for repatriation of corpse YES / NO
- * Extension for earthquake YES / NO
- * Extension for mobile computers YES / NO
- * Extension for digital cameras YES / NO
- * Extension for camcorders YES / NO
- * Extension for luggage YES / NO
- * Extension for winter sports (skiing) YES / NO Skiing dates: From _____ To _____
- * Extension for pregnancy YES / NO (Only for trips commencing by week 28)

It is not necessary to purchase the extension for mobile computers / cameras / camcorders valued up to US\$ 500 since the basic policy covers such items up to US\$ 500 automatically. It is important to point out that the extension will take effect solely if the insured signs an appropriate declaration.

Name of the cardholder: _____ ID no. of the cardholder: _____

Credit card no.: _____ Expiry date: _____



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DECLARATION:

I, the main insured as stated above wish to arrange insurance for myself and my travel companions stated above, in accordance with the covers, terms, conditions, subjectivities and exclusions detailed in the policy wording. This declaration constitutes an integral part of the policy.

1. I am not aware of any cause or need for hospitalisation, medical treatment and/or medical examination for myself and/or my travel companions stated above, during the period in which we will be abroad. I am also aware that any medical treatment which is the reason for the overseas trip is not covered under this insurance.
2. I have read the conditions of the insurance and its exclusions relating to my health condition and I am aware of the fact that if my health condition is not normal either today or in the past or if I take any medication on a regular basis, I will need to purchase cover for existing illnesses or existing medical conditions.

3. Medical questionnaire:

		Insured no. 1	Insured no. 2	Insured no. 3	Insured no. 4	Insured no. 5
A.	Are you in good health?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
B.	Do you take any medication? If so, for what purpose? If you take medication for heart conditions – do you take Coumadin / Warfarin?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
C.	Do you or have you suffered from any illness or medical condition?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
D.	In the last six months have you been under medical supervision or examination of any type? Have you undergone any tests?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
E.	Have you undergone surgery in the past?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
F.	Are you aware of any future need for surgery / tests? (ECG, x-rays, CT, cardiovascular cartography, ergometry, catheterisation, invasive procedures and the like?)	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

If you have answered "YES" to any of the questions, please provide details:

4. The aforementioned details in this proposal form are true and I agree that this declaration will constitute the basis of this insurance.

WAIVER OF MEDICAL CONFIDENTIALITY

I the undersigned, the insured under the overseas travel insurance policy, hereby exempt any doctor and any medical institution and its employees from the duty of medical confidentiality and hereby ask them to submit to Ayalon Insurance Company Ltd. and/or its representatives any document which they request regarding any illness, medical condition or treatment relating to myself or members of my family travelling with me, or any other information regarding illnesses or medical conditions.

Date: _____ Signature of the main insured: _____

I the aforementioned am aware of the fact that the policy will not cover anyone suffering from: multiple sclerosis, cystic fibrosis, AIDS, dialysis patients, lung diseases necessitating the use of an oxygen canister, myasthenia gravis or anyone travelling in order obtain medical treatment.

Signature and stamp of the insurance agent: _____