



UNITED INSURANCE COMPANY P.S.C.

Travel Insurance Proposal Form

Name of the Proposer	:					
Contact Details	:					
Name & Details regarding the proposed Travelers						
Name		Date of Birth	Address	Contact No.	Nationality	Passport No.
Period of insurance	:	Starting from				
Period of insurance required	:	7 days <input type="checkbox"/>	15 days <input type="checkbox"/>	30 days <input type="checkbox"/>	60 days <input type="checkbox"/>	6 months <input type="checkbox"/> One year <input type="checkbox"/>
Scope of cover required (excludes Usual Country of Residence)	:	Schengen States	Worldwide excluding USA, Canada, Australia, Japan <input type="checkbox"/>	Worldwide <input type="checkbox"/>		