



Group Travel Insurance Quotation Request

Please complete this form and email grouppa@lutine.com to obtain a quotation. Please allow 24 hours for a response.

Agency Name:

Contact Name:

Telephone No:

Email Address:

Client Registered Name:

Business Description/Trade:

Address:

Estimate travel pattern for the next 12 months:

	Business Travel		Holiday Travel (If Required)	
	No of Trips	Average Duration	No of Trips	Average Duration
UK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Europe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA/Canada	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rest of World	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Higher rate Insurance Premium Tax may be applicable to holiday travel. This will be advised when the quote is given.

Who do you want to be covered (tick each that apply)

	Please Tick
1) Directors	<input type="checkbox"/>
2) Employees	<input type="checkbox"/>
3) Directors' family members	<input type="checkbox"/>
4) Employees' family members	<input type="checkbox"/>
5) Other _____	<input type="checkbox"/>

When do you want to be covered (tick each that apply)

	Please Tick
1) Travel outside the United Kingdom	<input type="checkbox"/>
2) Travel in the UK involving an overnight stay and / or air flight	<input type="checkbox"/>
3) Independent holiday trips	<input type="checkbox"/>
4) Holiday trips that are incidental to a business trip	<input type="checkbox"/>
5) Other _____	<input type="checkbox"/>

Benefits required:

Enter the Sum Insured for each:

Personal Accident

Accidental Death	£
Permanent Total Disablement / Loss of Eyes / Loss of Limbs	£
Temporary Total Disablement	£

Section 1 Overseas Medical and Emergency Expenses (Maximum £5m) £

Section 2 Employee Replacement and Job Resumption Expenses £

Section 3 Property £

Section 3 Money £

Sections 4 & 5 Personal Liability and Legal Expenses £2,000,000 and £50,000

Section 6 Cancellation, Curtailment or Rearrangement Expenses £

Sections 7 & 8 Travel Delay / Travel Disruption Included

Section 9 Hijack, Kidnap & Hostage Included

Claims Experience or Accident and / or Sickness Record:

Please provide details of all claims in the last 3 years if insurance has been purchased for the period, otherwise please advise details of any incidents of accident and illness that have occurred during this period which have resulted in a claim.

Additional information and / or specific requirements:

For further information please contact:

Emma Gardner – Account Executive, Business Development

Email: emma.gardner@lutine.com

Tel: 0121 200 5501