



EUROTUNNEL COACH TRAVEL INSURANCE

PLEASE USE CAPITAL LETTERS

Lead name of party/group organiser _____
Name of company/group (if applicable) _____
Eurotunnel Booking Ref: _____
Date of Booking _____
Daytime tel. No. _____

Countries to be visited _____
Holiday dates, from _____ to _____
No. of days _____
(Including part days)

PERSONS TO BE INSURED (Including Lead name)

	FULL NAME	ADULT	CHILD		FULL NAME	ADULT	CHILD
1				21			
2				22			
3				23			
4				24			
5				25			
6				26			
7				27			
8				28			
9				29			
10				30			
11				31			
12				32			
13				33			
14				34			
15				35			
16				36			
17				37			
18				38			
19				39			
20				40			

Please list additional names on a separate sheet

Children age 2-15 years, 50% discount
Under 2 years, FREE

DECLARATION

On behalf of myself and my travelling companions I declare that the information provided on this form is true to the best of my knowledge and belief, and I have not withheld any information, medical or otherwise which may affect the Insurers' decision to accept our proposal. Cover is conditional upon acceptance by Insurers of your proposal and commences upon date of issue of your policy document.

Signature _____

Date _____

Please fax completed form to Eurotunnel on: 01303 288909