



sacos

Proposal for Travel insurance Student Plans

ALL QUESTIONS SHOULD BE ANSWERED (A DASH IS NOT SUFFICIENT)

DETAILS OF PROPOSER

Name of Proposer

Gender

Passport No

Date of Birth

Physical address

Correspondence address (if different from above)

***Note: Proof of address has to be provide.**

Telephone

Email Address

State countries to be visited

Purpose of visit e.g. studies, business, holiday etc

Method of transport

Are any of the persons to be insured suffering from any mental or physical defects or infirmity? Yes No

If so, give details

Period of Coverage

From

To

Cover Period (select the plan and cover period)

Cover Period	Plan	
	Student Classic	Student Premium
6 months maximum (180 consecutive days)		
9 months maximum (270 consecutive days)		
1 year maximum (365 consecutive days)		

Accompanying person (s) covered by this policy:

Passport No	Sex	Date of Birth	Name

Signature of Proposer

Date

(Signing this form does not bind the Proposer to complete the insurance)



MAPFRE
INSURANCE[®]

This Insurance is sold by Sacos Insurance Company Limited on behalf of MAPFRE/ ASSISTENCIA

MAPFRE/ASSISTENCIA
COMPANY INTERNACIONAL DE SEGUROS Y REASEGUROS, S.A / Gobelás.41-45
E-28023 MADRID
Tel: 34 915811818/1820
Fax: 34915815639
Nasist.cosiaml@mapfre.com

SACI83-0719-V1