Cancellationplan UK Plus

Application Form

To obtain cover, please complete the form below and return it, with your payment, to:
Cancellationplan, P J Hayman & Company Limited,'FREEPOST – PT729', Rowlands Castle, Hampshire PO9 6BR
Alternatively, apply online and save 15% **www.cancellationplan.co.uk**
or call us on **0845 520 1074** for immediate cover

Applicant

Title _____ Initials _____ Surname _____

Address _____

_____ Postcode _____

Cover required

Departure Date: / / Return Date: / / No. of Days: _____

LIST OF INSURED PERSONS (If more than 8 please attach a 'Group' list)

Name	Name

Accommodation Provider:

Premium Summary

Total value of holiday booked £ _____ Premium £ _____

Delete Excesses (£8.00 per party booking) YES / NO £ _____

Total premium payable: £

Declaration

I declare that I have read for myself and on behalf of those persons for whom I have arranged cover, the **Important - Medical Conditions,** see page 2 of the policy wording. I confirm there are no circumstances that could be reasonably expected to give rise to a claim.

Signed: Date: / /

Payment by Cheque

Please make your cheque payable to: P J Hayman & Company Limited and send with this completed form to the address shown above.

Payment by Credit / Debit Card

Please debit my card with **£** _____ **VISA / Mastercard**

Card number _____ Card valid from / Card expiry date /

Cardholder's signature _____

Cardholder's name _____

Address (if different from above) _____

_____

_____ Postcode _____

Daytime telephone number _____

Email address _____

Agency Stamp

Lyon Insurance Services Ltd
2 Church Terrace, Holyhead
Anglesey, LL65 2HP

Agency JOH0599