

# Frequent Flyer Travel Insurance Application

Full Name

Date of Birth

Passport Number

Nationality

Contact Address

Email

Phone Number

Frequent Flyer Program(s)

Frequent Flyer Number

Preferred Airline

Estimated Number of Trips per Year

Coverage Plan

Pre-existing Medical Conditions

☐ Yes ☐ No

If yes, please specify

Declaration & Consent

☐

I confirm the above information is accurate and I consent to the processing of personal data for insurance purposes.