

# Pre-existing Conditions Travel Insurance Application Form

## Personal Information

First Name

Last Name

Date of Birth

Passport Number

Address

Phone

Email

## Travel Details

Destination

Travel Dates

Duration of Trip (days)

Purpose of Visit



## Pre-existing Medical Conditions

Please list any pre-existing medical conditions

Current Medications

Treating Physician's Name & Contact

Additional Information

**Declaration**

I declare the information provided is true and complete.