

QUESTIONNAIRE PREMIUM TRAVEL CANCELLATION INSURANCE

Tel.: +49 (0)89 6283389-4 E-mail: muenchen@srcmail.de

Name of policyholder:											
Policyholder's address.											
Insurance broker:											
Broker's telephone number:											
Travel information:											
Booking date for trip:			Total	cost of tra	vel in EUR:						
Destination/s:											
Date of travel:			until:								
Reason for the trip:	☐ Private trip			☐ Busin	ess trip						
Type of travel:											
Type of flavel.	☐ Cruise/sailir	ng trip	☐ Beach holiday ☐ Short trip/city break								
	☐ Accommoda			☐ Other							
First names and surnames of	First names and surnames of the travellers to be insured:										
				Travel c person	ost per	Dat	e of birth				
				person							
First names and surnames of	additional pers	sons to be									
insured:	additional por										
				Degree relations		Dat	e of birth				
				rolationic	71110						
In the last 5 years, have your	r broken off an										
In the last 5 years, have you cancelled and/or broken off an insured or uninsured trip? If yes, for what reason?				Yes		No					



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Questions on insurance cover	er									
Have you all the vaccinations, valid identity documents you no		Yes		No						
Are you travelling by private aircraft?			Yes		No					
Do the persons to be insured suffer from physical, mental, or other health problems?			Yes		No					
Are the persons to be insured treatment or any other kind of t		Yes		No						
Would you like an offer with or without an excess:			0% S		Without					
Further details										
For an additional premium, would you like co-insurance for the following risks?	☐ Pet (dog/cat);									
	Name and date of birth:		□ Hiệ	☐ High-risk sport:						
Information that is relevant for the insurer and the	e.g. travelling on your own sailing boat/motor car, island hopping, etc.									
assessment of the risk:										
Please enclose the following documents for the insurance:										
Confirmation of trav	el booking from the organiser or	service	provid	er						
Cost breakdown for the trip (where not clearly apparent from the booking confirmation)										
I have taken note of the product information documents (IPID) for the travel cancellation insurance (can be downloaded online at https://www.src-net.de/service/produktinformationen.php).										
Location	Date	S	Signati	ure of Polic	yholder					
			_		-					

Information on data protection:

We have updated our notes on data protection. When processing the required data, we comply with the provisions of the EU General Data Protection Regulation (GDPR).

You can find the latest version of our data protection information at:

https://www.src-net.de/datenschutz.php

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