

“Atout VOYAGE” Travel Assistance Proposal Form

Name of Insured: _____

Date of Birth (DD/MM/YY): _____

Nationality: Lebanese Other: _____

Passport Number: _____ **ID No.:** _____

Profession: _____

Address: _____ **P. O. Box:** _____

Tel.: (G) _____ Tel.: (R) _____

Correspondent in case of accident (relation): _____

Address: _____ **P. O. Box:** _____

Tel.: (G) _____ Tel.: (R) _____

Destination: _____

Zone 1: Whole world except Lebanon, USA & Canada

Zone 2: Whole world except Lebanon

Plan: Travel: \$ 50,000 Travel plus: \$ 100,000

Period: 7 Days 10 Days 15 Days 21 Days 31 Days 62 Days 92 Days

184 Days One Year

Date of Travel (From): _____ **(To):** _____

Premium: Qrs. _____

Date: _____ **Signature :** _____

Part related to the Company:

Name of Agency: _____ **Received Date:** _____

Marketing: _____ **Underwriting:** _____