

**Laferla Insurance Agency Ltd.**

204A, Vincenti Buildings, Old Bakery Street, Valletta VLT1453, Malta

**Postal Address:** P.O. BOX 347, Valletta VLT1000**Telephone:** (+356) 21240828 **E-Mail:** general@laferla.com.mt**Website:** www.laferla.com.mt**FLYPASS TRAVEL OPEN COVER INSURANCE****APPLICATION FORM**

Annual Travel Cover under the Flypass Programme issued by Laferla Insurance Agency Ltd through Gallagher (Malta) Ltd.

**1. APPLICANT DETAILS (PLEASE USE CAPITAL LETTERS)**

Flypass Membership Number KM	Contact no.
Name and Surname of Proposer (in full)	
I.D. Card No.	Date of Birth
Postal address	
Email address	
Insurance required with effect from	to 31st December 2023

**2. ADDITIONAL APPLICANTS (FOR SPOUSE AND/OR CHILDREN UNDER 18 YEARS OF AGE)**

Flypass Membership Number KM	
Name of Spouse (in full)	
I.D. Card No.	Date of Birth
Name of Child (in full)	
I.D. Card No.	Date of Birth
Name of Child (in full)	
I.D. Card No.	Date of Birth

**IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING**

If cover for spouse or children is required, such details are to be provided above, and premium is adjusted accordingly. Irrespective of date of purchase, full premium is payable. Information on this form or any subsequent claim form, along with other relevant information, may be shared with other Insurers as part of an exercise to combat the ever increasing problem of insurance fraud. Signature of this proposal form confirms your consent to this fact-sharing exercise. Details shared are limited to what is absolutely necessary within the strict bound of confidence and will always regard your file as being a document protected by the Professional Secrecy Act 1994. All information collected about you will be processed in accordance with the Data Protection Act.

When completing this application form, you should disclose any fact, which may influence the acceptance of the risk.

**HEALTH WARRANTY**

If you cannot guarantee any of the statements listed under the following Health Warranty, you must advise us immediately. Failure to do so could invalidate your policy. It is important, as it may affect your cover that you tell us at the time of purchasing your policy or renewing your policy, if any person:

- has received advice, medication or treatment for any serious chronic or recurring illness, injury or disease in the last 12 months;
- is under investigation or awaiting the results of any diagnosed or undiagnosed medical condition;
- is on a waiting list for, or is aware of the need for in-patient treatment for any diagnosed or undiagnosed medical condition;
- is travelling against doctor's advice;
- has received a terminal prognosis;
- or if any close relative, close business associate, travelling companion, or person with whom you plan to stay (and upon whose good health your trip depends) has a serious, chronic or recurring illness, injury or disease which could affect your decision to take or continue your trip.

I/We declare that the information given in the proposal is to the best of my/our knowledge correct and complete in every detail.

The insurance will not be in force until the proposal has been accepted and the premium settled. Once in force, the Insured is bound by the Terms and Conditions applicable to this policy.

Signature of policyholder	Date
Cheque no.	Drawn on
Amount €	

**Cheques are to be made payable to Gallagher (Malta) Ltd and mailed directly to:  
Gallagher (Malta) Ltd, The Landmark, Level 1, Suite 2, Triq L-Iljun, Qormi QRM3800**

<b>Type</b>	Annual Travel Insurance
<b>Insured Persons</b>	Members of the Flypass Programme
<b>Policy Number</b>	P64001868
<b>Worldwide Assistance</b>	Monday to Friday, 8am - 5pm CET: +356 2124 0828   Other hours: +356 22480202
<b>Period of insurance</b>	Trips commencing between 01/01/2023 or the date the policy is purchased, if later and 31/12/2023 up to a maximum period of 90 days per trip.
<b>Geographical Area</b>	Worldwide

SECTION	BENEFITS	LIMITS OF INDEMNITY (per person)	EXCESS (per person)
1A	Cancellation Abandonment	€5,000.00	€50.00
1B	Trip Cancellation	€2,000.00	€50.00
2A	Medical Expenses	€600,000.00	€50.00
2Ba	Hospital Benefit (€35 daily for each completed 24 hours)	Max €1,165.00	Nil
2Bb	Treatment in Malta	€1,165.00	Nil
3A	Delayed Departure (€25 for every full 12 hours)	Max €250.00	Nil
3B	Missed Departure	€750.00	Nil
3C	Hijack (€120 for every completed 24 hours)	€960.00	Nil
4A	Personal Money	€1,000.00	€50.00
4B	Baggage	€2,500.00	€50.00
	- Limit per item	€1,000.00	-
	- Limit for valuables	€1,200.00	-
4C	Delayed Luggage (If temporarily lost or delayed for at least 12 hours)	€700.00	Nil
4D	Travel Documents	€250.00	Nil
4E	Rental Vehicle Policy Excess	€400.00	Nil
5	Liability	€1,250,000.00	€50.00
6	Personal Accident	€100,000.00	Nil
	if under 16 years old	€20,000.00	Nil