**TRAVEL INSURANCE QUESTIONNAIRE**

Lot 86 First Street, Alberttown, Georgetown. Tel: 592 227 2880, 592 227 0294 Fax:592 227 3096

Lot M Springlands, Corriverton, Berbice. Tel: 592 335 4596 Fax: 592 335 4597 Email: admin@rsi.gy

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| --- | --- | --- | --- | --- | --- |
| Named Primary Insured: | Click here to enter name. | | | | |
| Date of Birth | Click here to enter DOB. | | | | |
| Name of Spouse: | Click here to enter name. | | | | |
| Date of Birth: | Click here to enter DOB. | | | | |
| Name of Dependent 1: | Click here to enter name. | | | | |
| Date of Birth | Click here to enter DOB. | | | | |
| Name of Dependent 2: | Click here to enter name. | | | | |
| Date of Birth | Click here to enter DOB. | | | | |
| Name of Dependent 3: | Click here to enter name. | | | | |
| Date of Birth | Click here to enter DOB. | | | | |
| Name of Dependent 4: | Click here to enter name. | | | | |
| Date of Birth | Click here to enter DOB. | | | | |
| Destination | Click here to enter destination. | | | | |
| Duration of Trip (Exact Dates) | Click here to enter duration of trip. | | | | |
| Sum Insured: | $50,000:- | $100,000:- | $200,000:- | $500,000:- | $1,000,000:- |
|  |  |  |  |  |
| Deductible: | Nil | $100:- | $250:- | $500:- | $1,000:- |
|  |  |  |  |  |
| Beneficiary: | Click here to enter beneficiary. | | | | |
| Relationship to beneficiary: | Click here to enter relationship to beneficiary. | | | | |
| Country of Birth  (Each Person): | Click here to enter country of birth. | | | | |
| Citizenship (Each Person): | Click here to enter citizenship. | | | | |
| Address – Country of Residence: | Click here to enter address. | | | | |
| Address – Destination Country: | Click here to enter address. | | | | |
| Telephone No: | Click here to enter telephone number. | | | | |
| Email Address: | Click here to enter email address. | | | | |