

Gowrie Group - Travel Insurance Questionnaire

Primary Applicant Info:

Name:
Phone:
Email Address:
Citizenship:

Addresses:

1. Place of Residence Address:		
Street:	City:	
State:	Zip:	Country:
2. Primary Mailing Address:		
Street:	City:	
State:	Zip:	Country:
3. If primary residence is out of US, provide US address (if applicable):		
Street:	City:	
State:	Zip:	Country:

Traveler(s) Names & DOB:

Applicant Name:	Date of Birth:
Spouse Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:
Child Name:	Date of Birth:

Current Health Insurance:

Current Health Plan Company:	Deductible:
Effective Date:	Current Premium:
Medicare Supplement or Advantage Plan:	

Trip Information:

Total Trip Cost:			
Date of Initial Deposit:	Date of Final Payment:		
Trip Dates:			
Trip Itinerary/Plan:			
Do you plan to travel multiple times in next 12 months?	() Yes () No () Not Sure		
Anything else we should know about you or your trip?			

*Cancel for Any Reason (CFAR) - Insurance needs to be placed within 21 days of initial deposit and all prepaid trip costs that are subject to cancellation penalties or restrictions must be paid within the first 15 days.