מס' פולסית עובדים זרים באיילון:



להחזיר לפקס: 6729025-03

HEAD OFFICE: AYALON HOUSE, 12 Abba Hillel Silver St., Ramat Gan 52008 mail@ayalon-ins.co.il www.ayalon-ins.co.il P.O.B. 10957 ISRAEL

PROPOSAL FORM FOR TRAVEL INSURANCE Overseas travel hotline: 1-700-700-674

Fax: 03-6897621

Name of the insurance agent	<u> </u>	וזן	רו	י ק	ור	Α		_ A	Agen	ıt no	0	32	224	60		
Name of main insured ID no Date of birth																
Address and postcode													-			
Telephone no.						Fa	x no)							_	
Period of insurance: From to																
(N.B. Please ensure you incl	ıde 1	the t	rav	el d	lat	e and	ret	urn	date	·)						
I, the main insured as stated accordance with the covers,							•			•		•				
<u>Forename</u>		Sı	ırna	me	<u>e</u>				ID 1	nun	nbe	<u>r</u>			Date of b	<u>irth</u>
1.																
2.																
4.																
5.																
J.																
To where are you travelling	,, I	ISA	/ Ca	na	da	/ Oth	er (n	lease	e stat	te)·						
10 where are you travelling			-				<u> </u>	1045	-							
* Extension for repatriation	of co	rpse	;			YI	ES /	NO								
* Extension for earthquake						YI	ES/	NO								
* Extension for mobile comp	outer	S				Yl	ES/	NO								
* Extension for digital came	ras					YI	ES/	NO								
* Extension for camcorders						YI	ES/	NO								
* Extension for luggage YES / NO																
* Extension for winter sports	s (sk	iing))			Yl	ES/	NO	Skii	ng o	date	es: Fi	om		To	
* Extension for pregnancy YES / NO (Only for trips commencing by week 28)																
It is not necessary to purchase the extension for mobile computers / cameras / camcorders valued up to US\$																
500 since the basic policy cov					_							-		nport	ant to point	out that the
extension will take effect sole	ly if	the i	insu	red	Sig	gns ar	app	ropi	iate	dec	lara	tion	•			
N 04 11 11								115			<i>(</i> 1	11	11		Τ	
Name of the cardholder:								IL	no.	011	tne	card	nold	er:		
Credit card no.:														Ext	piry date:	
															, , .	



DECLARATION:

I, the main insured as stated above wish to arrange insurance for myself and my travel companions stated above, in accordance with the covers, terms, conditions, subjectivities and exclusions detailed in the policy wording. This declaration constitutes an integral part of the policy.

- 1. I am not aware of any cause or need for hospitalisation, medical treatment and/or medical examination for myself and/or my travel companions stated above, during the period in which we will be abroad. I am also aware that any medical treatment which is the reason for the overseas trip is not covered under this insurance.
- 2. I have read the conditions of the insurance and its exclusions relating to my health condition and I am aware of the fact that if my health condition is not normal either today or in the past or if I take any medication on a regular basis, I will need to purchase cover for existing illnesses or existing medical conditions.

3. Medical questionnaire:

		Insured no. 1	Insured no. 2	Insured no. 3	Insured no. 4	Insured no. 5
A.	Are you in good health?	YES / NO				
В.	Do you take any medication? If so, for what purpose? If you take medication for heart conditions – do you take Coumadin / Warfarin?	YES / NO				
C.	Do you or have you suffered from any illness or medical condition?	YES / NO				
D.	In the last six months have you been under medical supervision or examination of any type? Have you undergone any tests?	YES / NO				
E.	Have you undergone surgery in the past?	YES / NO				
F.	Are you aware of any future need for surgery / tests? (ECG, x-rays, CT, cardiovascular cartography, ergometry, catherisation, invasive procedures and the like?)	YES / NO				

If you have answered "YES" to any of the questions, please provide details:						

WAIVER OF MEDICAL CONFIDENTIALITY

I the undersigned, the insured under the overseas travel insurance policy, hereby exempt any doctor and	any
medical institution and its employees from the duty of medical confidentiality and hereby ask them to subm	iit to
Ayalon Insurance Company Ltd. and/or its representatives any document which they request regarding any illr	ness,
medical condition or treatment relating to myself or members of my family travelling with me, or any o	other
information regarding illnesses or medical conditions.	

information regarding illnesses of	or medical conditions.
Date:	Signature of the main insured:
I the aforementioned am awa	are of the fact that the policy will not cover anyone suffering from: multiple

sclerosis, cystic fibrosis, AIDS, dialysis patients, lung diseases necessitating the use of an oxygen canister,

Signature and stamp of the insurance agent:		

myasthenia gravis or anyone travelling in order obtain medical treatment.

^{4.} The aforementioned details in this proposal form are true and I agree that this declaration will constitute the basis of this insurance.