



A P P L I C A T I O N

Name of Applicant: _____ Date of Birth: _____ Sex: _____

Address: _____ Tel: _____

Occupation: _____

Employer: _____

Business Address: _____ Tel: _____

Beneficiary: _____ Relationship: _____

Travel Destination: _____ Purpose: Business Pleasure

Policy Period:
 From: _____ am/pm _____, 20 _____ To: _____ am/pm _____, 20 _____

Persons to be covered:

Name	Date of Birth	Relationship	Plan Selected	Premium
			Total Due	

Applicant's Signature / Date

Agency Representative / Date

BENEFIT/PREMIUM SCHEDULE

Benefit	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
Principal Sum	100,000	75,000	50,000	25,000	15,000	10,000	5,000
Medical Expenses	10,000	7,500	5,000	2,500	1,500	1,000	500
Sickness Daily Hospital Benefit	50	50	50	50	50	50	50
Skyjacking Daily Benefit	100	100	100	100	100	100	100
Number of Days							
3	24	20	14	9	5	4	3
5	28	23	17	10	6	5	4
7	35	28	20	12	7	6	4
10	44	36	25	15	9	7	5
12	49	40	28	16	10	8	5
14	54	44	31	18	11	9	6
18	61	50	35	20	13	10	7
21	66	53	40	21	14	11	7
30	81	66	47	27	18	14	10
45	102	83	60	35	23	18	13
60	122	99	72	41	28	21	15
90	155	126	93	54	37	30	22
120	180	146	108	63	43	34	25
150	198	161	120	69	48	38	28
180	210	170	128	74	51	41	30

Moylan's Travel Insurance covers you anytime of the day throughout the period of insurance selected, anywhere in the world, including while traveling on land, sea or air and unprovoked murder or assault.

Exclusions: self-inflicted injury, suicide, congenital anomalies, hernia, dental treatment except to sound natural teeth as occasioned by a covered injury, bacterial infections or disease (except under the Sickness Benefit), professional or hazardous sports, military service, while intoxicated or under the influence of any controlled substance, commission of a crime or resistance to lawful arrest; flying except as a passenger on commercial flights, HIV or AIDS.

Note: All plans, persons up to age 72 are eligible for this coverage. Ages 5-15 years, plan G only.

