

BTA: Business Travel Insurance Application form

Policyholder's name:	
Policyholder's address:	
Policyholder's activity:	
Broker's name:	

Business activity abroad	Please select with X
White collar	
Blue collar (please provide details)	

Number of travel days requested:				
Typical travel destinations:				
Average duration of trips:				
Insurance package required	Economy <input type="checkbox"/>	Business <input type="checkbox"/>	Business Extra <input type="checkbox"/>	First Class <input type="checkbox"/>
	ECO Friendly Economy <input type="checkbox"/>	ECO Friendly Business <input type="checkbox"/>	ECO Friendly Business Extra <input type="checkbox"/>	ECO Friendly First Class <input type="checkbox"/>
Car Assistance	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Age of the car	under 10 years <input type="checkbox"/>		over 10 years <input type="checkbox"/>	
Commencement date of cover:				

Budapest, 20.....

.....
Policyholder's signature

We as undersigned hereby consent to the terms of the Privacy Policy with which we have been provided. By submitting information to Colonnade relating to any identifiable individual, we represent that we have authority to provide that Personal Information to Colonnade. With respect to any individual about whom we provide Personal Information to Colonnade, we agree: (a) to inform the individual about the content of this Privacy Policy; and (b) to obtain any legally-required consent for the collection, use, disclosure, and transfer (including cross-border transfer) of Personal Information about the individual in accordance with this Privacy Policy.