WBC: WORLD BUSINESS ANNUAL TRAVEL CARD APPLICATION FORM

Name of Policyholder:	
Address of the Policyholder:	
Phone number:	
Fax:	
Industry:	

	Name of Insured	Position	Date of Birth	Version	Annual Premium
1.					
2.					
3.					
4.					
				Total:	

Should a person be provided for the 80 years of age would load during the period of insurance, please respect this person - at the age of particulars - a separate tender form must be filled in!

If space is limited,please attached the separate sheet.

Name of broker:.....

Effective date:

☐ the first day of the following month ☐ the first day of: ..... ☐ Other: .....

Total number of employees:.....

Total number of travel day used per year: .....

Please indicate the transportation used during the trip:

☐ % Car ☐ % Airplane ☐ % Train ☐ % Other:.....

Budapest, 20.....

.....

Policyholder