



Group Travel Application

Please return completed application to travelcare360@gbg.com.

A. AGENT CODE:	
B. APPLICANT	
Company Name:	
Company Address:	
City:	Postal Code:
State/Province:	Country:
Phone:	Email:
Contact Person:	
Possible destinations:	
C. WHO SHOULD BE COVERED BY THE INSURANCE?	
<input type="checkbox"/> Employees <input type="checkbox"/> Business Partners <input type="checkbox"/> Board Members <input type="checkbox"/> Guests <input type="checkbox"/> Co-traveling spouses <input type="checkbox"/> Co-traveling children	
D. CONDITIONS	
Start Date (MM/DD/YYYY):	Type: <input type="checkbox"/> Business <input type="checkbox"/> Leisure <input type="checkbox"/> Business & Leisure
Occupations:	
Activities:	
Annual travel activity (minimum 200 days):	
Currency: <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP	
E. COMMENTS	
F. AUTHORIZATION	
<p>The employer understands that if the coverage applied for in this application is approved and insurance coverage issued, the contract entered into on behalf of the eligible employees/dependents will require the processing of sensitive personal information. Processing of such data is necessary for carrying out the obligation of providing benefits under this policy. For more information on how this information is used, please visit our privacy policy, which can be found at http://gbg.com/#/AboutGBG/PrivacyPolicy.</p> <p>In accordance with the General Data Protection Regulation (GDPR) of the European Union (EU), and other applicable laws and regulations, the employer certifies that consent has been obtained from those individuals that this insurance policy is intended to cover and is committed to protecting the sensitive personal information of such individuals.</p>	
Signature: _____ <small>By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature</small>	Date: