



**HIMALAYAN GENERAL INSURANCE CO. LTD.**

Babar Mahal, GPO Box : 148, Kathmandu, Nepal

Tel : 4231788, 4213014 Fax : 977-1-4241517

Email : ktm@hgi.com.np

**APPLICATION FORM - IHI BUSINESS TRAVEL**

COMPANY NAME:

COMPANY ADDRESS:  
Address:

Postal code:  City:

Country:  Tel.:

Fax:  E-mail:

Contact person:

**INSURED PERSONS:**

Employees:  Executives:  Guests:

Spouses:  Children:  Others:

**CONDITIONS:**

Start date (1st of the month)     
(day) (month) (year)

Do you wish to include the baggage supplement? Yes:  No:

**PURPOSE OF THE TRIP:**

Business:  Combined business and leisure:

**TRAVEL ACTIVITY PER YEAR:**

Number of travel days (min. 200 days):

Number of travelling persons:

Number of insurance cards:

**SPECIAL OBSERVATIONS:**

The policyholder is responsible for monitoring the number of travel days. If the agreed number of days is exceeded during the insurance period Himalayan General Insurance Co. Ltd. must be notified so that the policy can be extended to include the extra travel days required.

The premium is payable in advance for the whole insurance period.

The policy can be cancelled by written request up to one month before renewal. Otherwise the policy will be renewed automatically and issued for another year.

Unused travel days may be transferred one time, from the insurance period of the first year to the insurance period of second year. Persons not stated in the policy documents are not covered.