

Application form for Serving Officers

Travel Insurance*: Worldwide, multi-trip cover for the subscribing member, their spouse/cohabiting partner and their dependent children/grandchildren under the age of 23 who live with them and are in full time education. Unlimited number of trips but the duration of **each trip must not exceed 31 days**. Trip duration can be extended at additional premium by calling George Burrows on: 01403 327719. Extensions must be arranged *before travel*.

RAC Motor Breakdown Assistance*: Roadside, Recovery, At Home, Onward Travel and European Motoring Assistance. 'Person' based cover for member and partner in the event of mechanical breakdown of a private vehicle in which you are a driver or a passenger. European cover is limited to up to 90 days each trip, with no limit to the number of trips.

Mobile Phone/Gadget cover*: Accidental Damage, Theft, Accidental Loss (Mobile Phones only), Breakdown, Liquid Damage, Fraudulent Call Use whilst in the UK and for up to 90 days when abroad. Cover for up to two claims per member per year, up to a maximum of £1,000 per gadget claim / £1,150 per mobile phone claim.

**Terms and conditions apply. Full details of of the cover included in this scheme can be found in the policy wordings, which are available from the Kent Police Federation and should be read carefully, in particular the limitations, exclusions and terms and conditions.*

Please return this completed form to: Kent Police Federation, 67 Queen Elizabeth Square, Maidstone, Kent, ME15 9DA

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>	Age:	<input type="text"/>
Email:	<input type="text"/>		
Address:	<input type="text"/>		
<input type="text"/>	Home phone number:	<input type="text"/>	
Mobile number:	<input type="text"/>	Force number:	<input type="text"/>

I hereby apply to join the Kent Police Federation Travel Insurance, Motor Breakdown and Mobile Phone/Gadget cover scheme and authorise the deduction of £11.50 per month from my salary in respect of my membership of the scheme.

Signed:	<input type="text"/>	Date:	<input type="text"/>
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(You must print this form to sign it)

It is important that the information you have provided to us is to the best of your knowledge true, accurate and complete and reflects your current circumstances. If your circumstances change, please inform us. If we or the insurer discover that the details provided to us are untrue, inaccurate or incomplete, this may result in refusal of a claim and/or your policy being cancelled or treated as if it never existed.

Payroll number:

Data Privacy Notice

George Burrows is the trading name of Arthur J. Gallagher Insurance Brokers Ltd (AJG). We are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, reinsurers, other brokers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.georgeburrows.com. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.