

Name of the airport OR country check point	Name of the airport or country check point (in English)
Type of quarantine	LQ: local quarantine, SQ: state quarantine, ASQ: alternative state quarantine, OQ: organization quarantine
Name of the quarantine	Name of the quarantine you are about to stay
Quarantine location	Name of the quarantine city
Insurance Period of health insurance and COVID-19 insurance	Please indicate the duration of your COVID-19 and health insurances.
Limitation of coverage (please indicate the specific amount of USD), Mimimum coverage of 100,000 USD	Limitation (please indicate the amount of coverage limit in USD)
Do you wish to have any additional insurance in Thailand?	Yes/No
Your preferred insurance period	Please indicate how many days you need
Remarks	