## Application Form YourCover Travel Insurance



TRAVEL INSURANCE

Effective 21 November 2018		Policy number	(agent	must complete):						
Traveller and	contact details									
Adult travelle			6			D 0 D				
# Title	First name		Surname			D.O.B	J.U.B			
2							/	/		
Children and i	nfants (under 21 years)	I								
# Title First name Su			Surnam	rname D.O.						
3								/		
5							/	/		
							/	/		
Street addres										
Suburb	uburb			City			Postcode			
Daytime pho	Daytime phone ( )			Mobile						
Email										
Policy and tra	avel details									
Single Trip	Area of travel	Country most time spent in	<b>.</b>	Travel start date	Travel end date	-	Travel dur	ation		
Single Hip	Area of travet	Country most time spent in	1	/ /	/ /		iravet uur	acion		
OR				Maximum duration per tri	n (days)					
Annual Multi-Trip	nnual			If travelling domestic in NZ, Australia or South Pacific  If travelling to the rest of the world						
		/ /		15 🗌 30 🗍	30 [	45	60 🗌			
Options to va	ıry cover									
Add cancellation cover International Plan only  Single Trip: enter the value of this trip.										
Include all pr	epaid travel tickets, hotels, t	cours or other travel				lue \$				
Include all pr related exper Domestic Ca	epaid travel tickets, hotels, t	ours or other travel policy.				lue \$				
Include all pr related exper Domestic Ca \$200  \$ Choose your	epaid travel tickets, hotels, t nses for all travellers on this ncellation Plan (per person 400	cours or other travel policy.  )  \$1,500	A		r highest trip va	lue \$				
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