



# TWILIGHT TRAVEL & TOURS

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Phone: 09 533 0453 or 0800 999 887

## Application Form CoverMore YourCover Travel Insurance

Policy number (agent must complete)

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1. Please complete below your full name(s) as per your passport or identification (if Passenger 2 resides at a different address, please complete a separate form)  
Title \_\_\_\_\_ First Names (as per passport or identification) \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

### 2. Policy and Travel Details (tick one)

**Single Trip**

Area of Travel \_\_\_\_\_ Country most time spent in \_\_\_\_\_ Travel start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Travel end date \_\_\_\_/\_\_\_\_/\_\_\_\_ Travel duration (# of days) \_\_\_\_\_

**Annual Multi-Trip**

Area of Travel \_\_\_\_\_ Travel start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Maximum duration per trip (days) \_\_\_\_\_  
If travelling domestic in NZ, AUS, Sth Pacific 15  30   
If travelling to the rest of the world 30  45  60

### 3. Insurance Options - Please select all relevant

**Domestic Comprehensive cover YourCover (per person).** Covers cancellation up to \$10,000, medical, travel delay, missed connections, Covid-19 benefits, etc. Full list of benefits on p4-5 of Policy Wording & Covid-19 Benefits Guide.

OR

**Domestic Cancellation Only Plan (per person):** Covers cancellation only up to: \$200 \$400 \$600 \$800 \$1500

**International Plan Only: Add cancellation cover:**

Include all prepaid travel tickets, hotels, tours or other travel related expenses for all travellers on this policy.

Single Trip: enter the value of this trip. \$ \_\_\_\_\_ Annual Multi Trip: enter your highest trip value \$ \_\_\_\_\_

**Choose your excess:** Domestic: fixed at \$25  International: \$Nil \$100 \$250

**Existing Medical Conditions:** This applies only to conditions not listed under the heading Conditions We Automatically Cover that does not meet the requirements for automatic cover. See Travel & Health section of the Policy Wording. Conditions that require assessment (extra cost applies): List travellers who require cover. A medical assessment will need to be completed. Please contact Twilight Travel & Tours for more details.

**Increase luggage item limit (refer to p10 of policy wording).** If more space needed, please continue on a separate page.

Item description: \_\_\_\_\_ Increase the item limit by: \$ \_\_\_\_\_

Item description: \_\_\_\_\_ Increase the item limit by: \$ \_\_\_\_\_

### Declaration

- I have read and understood the Policy Wording dated 27 July 2022 that was given to me before I applied for this insurance.
- I understand that this policy does not automatically cover some Existing Medical Conditions or some known pregnancies and that some limits and policy conditions will apply.
- I understand my duty of disclosure and declare all information supplied to Cover-More is accurate and complete for myself and anyone else covered on the policy.
- I have been advised of any current Cover-More travel advice.
- I am aware that my personal information (including sensitive information where relevant) may be used and disclosed in accordance with the Privacy Notice found in the Policy Wording.

Passenger One: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Passenger Two: \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_