

Application Form Essentials Travel Insurance

Cover·More

TRAVEL INSURANCE

Effective 21 November 2018

Policy number (agent must complete):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Traveller and contact details

Adult traveller(s)

#	Title	First name	Surname	D.O.B
1				/ /
2				/ /

Children and infants (under 21 years)

#	Title	First name	Surname	D.O.B
3				/ /
4				/ /
5				/ /

Contact details

Street address		
Suburb	City	Postcode
Daytime phone ()	Mobile	
Email		

Policy and travel details

Single Trip	Area of travel	Country most time spent in	Travel start date	Travel end date	Travel duration
<input type="checkbox"/>			/ /	/ /	

OR

Annual Multi-Trip	Area of travel	Travel start date	Maximum duration per trip (days) If travelling domestic in NZ, Australia or South Pacific	If travelling to the rest of the world
<input type="checkbox"/>		/ /	15 <input type="checkbox"/> 30 <input type="checkbox"/>	30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/>

Options to vary cover

Add cancellation cover International Plan only 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 \$ <input type="text"/>
Choose your excess: International Plan: \$Nil <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/>	Additional cover: Cruise Cover <input type="checkbox"/> Snow Sports <input type="checkbox"/>
Existing Medical Conditions/pregnancy: This applies only to conditions not listed under the heading Conditions We Automatically Cover or Pregnancy that does not meet the requirements for automatic cover. see Travel and Health section of the Policy Wording.	Conditions that require assessment (extra cost applies): List travellers who require cover (e.g. travellers 1 & 3) <input type="text"/>

Declaration

- I have read and understood the Policy Wording 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.

#	Applicant signature(s)	Date
1		/ /
2		/ /

Note: If you need additional space, please provide extra information on a separate sheet.