



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 29 May 2019 & the Policy Wording Endorsement dated 9 Dec 2020 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 _____