

# Enrolment Form

**Cover·More**

TRAVEL INSURANCE

Product: Comprehensive  Basic  Travelsure

Effective 28 October 2015

Policy number (agent must complete):

## Traveller and contact details

### Adult traveller(s)

	Title	First name	Surname	D.O.B
1				
2				

### Children and infants (0-20 years)

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

### Contact details

Street address		
Suburb	State	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 OR travel duration	Domestic Cancellation Plan
<input type="checkbox"/>					\$ <input type="text"/> per person <small>(\$200, \$400, \$600, \$800, \$1,500)</small>

OR

Annual Multi-Trip	Area of travel	Country most time spent in	Travel start date	Maximum duration per trip (days)
<input type="checkbox"/>				15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/>

## Options to vary cover

**Add cancellation cover:** International Plans only. Include all pre-paid travel tickets, hotels, tours or other travel related expenses for all travellers on this policy.  \*

**Single Trip:** enter the value of cover required

**Annual Multi-Trip:** enter the value of cover required

**Choose your excess:** International Plans only: \$Nil  \$100  \$250

**Increase luggage item limit:** Yes  No

**Add motorcycle/moped riding cover:** Yes  No

**Add snow skiing, snowboarding and snowmobiling cover:** Tick if cover required for Snow skiing  Snowboarding  Snowmobiling

**Existing Medical Conditions/pregnancy:** This applies only to conditions not listed under the heading "Conditions We Automatically Cover".

Traveller requiring cover for an Existing Medical Condition or pregnancy

## Declaration

- I have read and understood the Combined FSG/PDS effective 28 October 2015 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 including limits or policy conditions for travellers aged 70 and over.
- 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.

	Applicant Signature(s)	Date
1		
2		