

Application Form

please complete the details below and return this form to your agent



Countries where you are travelling

Start Date

Expiry Date

Duration

Months

Days

Employers Name

Premium Option

- Annual Worldwide Policy
 Selected Duration Policy

Product Chosen

- Plan A
 Plan B
 Plan C
 Plan D

Title	Policy Holders Names	Date of Birth
<input type="text"/>	First <input type="text"/> Last <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"/>

Address

(No Charge for accompanying dependant children under 21, but they must be named. Limit 2 dependant children free of charge per premium-paying person.) ▲

Phone

Email

Options

Please indicate options. An additional premium will apply:

Private Hospital Care

Specified Items / Electronic Equipment Please indicate details:

1.

Value

\$

2.

\$

Rental Vehicle Excess

Increased Rental Vehicle Excess cover days

No. of Days

Declaration

(Please read and sign this declaration)

1. I am authorised to answer the questions on this declaration on behalf of all persons insured under this policy.
2. I have read and accept all conditions relating to this policy as detailed in the policy wording.
3. I accept that there is no cover for any pre-existing medical conditions unless there is written acceptance from the Medical Hotline or if cover is specifically provided in the policy wording for the policy option purchased.
4. I am not aware of any circumstances likely to affect my planned journey.
5. I accept that the pre-existing medical conditions of my close relatives and any persons on whom the journey depends are not covered by this policy.
6. I have not had any insurance or claims refused, declined, cancelled or had any terms imposed.
7. I agree to accept free or reduced cost health treatment where it is available under any reciprocal health agreement with the New Zealand government.
8. Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004, I have given the Insurer all material information. Material information is information that might influence the insurer's decision to insure me and if so on what terms and or premium charge.
9. I agree that Vero Insurance New Zealand Limited and Comprehensive Travel Insurance 2004 Limited are authorised to give or obtain information from other parties, including other insurance companies and the Insurance Claims Register, relating to this insurance or any claims made under this insurance.

Signature

Date

The Privacy Act 1993 requires us to inform you that the information collected on this form is required for your insurance and your obligations are stated in the Declaration. You do have certain rights of access to, and correction of, this information held by us.

Credit Card Details

If you wish to pay by credit card, please complete the following

Visa Mastercard

Cardholders Name

Expiry Date

Card Number

Your Quote

In order for us to provide you with an accurate quote for your trip we need to have details of your preferred product choice and any policy options you may require. Please discuss this with your agent or contact our office.

Product Chosen

Total Premium