

Application Form

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



Countries where you are travelling

Premium Option

- Annual Worldwide Policy
 Selected Duration Policy

Start Date

Expiry Date

Duration

Months

Days

Company / Employers Name

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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(No Charge for accompanying dependant children under 21, but they must be named. 2 dependant children free of charge per premium-paying person. Additional dependents can be added free of charge on application)

Address

Phone

Email

Options

Please indicate options. An additional premium will apply:

- Private Hospital Care (for travel to UK and Australia)

Specified Items / Electronic Equipment –

Additional premium applies.

Please indicate details: Value

1.

\$

2.

\$

Rental Vehicle Excess

No. of Days

Increased Rental Vehicle Excess cover 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 Allianz Australia Insurance Limited and Allianz Global Assistance New Zealand Ltd 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 – a 2% charge will apply.

- Visa Mastercard

Cardholders Name

Expiry Date

Card Number

Card Security Code

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

This insurance is issued and managed by Allianz Global Assistance New Zealand Ltd and underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 (Incorporated in Australia) trading as Allianz New Zealand. You should consider the Policy Wording before making any decisions about this travel insurance policy. For further information on Allianz Australia Insurance Limited's financial strength rating, please refer to the Financial Strength Rating and Overseas Policy Holder Preference Disclosure Notice.



Physical Address Level 3, 126 Khyber Pass, Auckland Phone +64 9 377 4146 Email insurance@easyway.co.nz
Postal Address PO Box 3981, Auckland Fax +64 9 309 4167 Website www.easyway.co.nz