



# APPLICATION FOR TRAVEL INSURANCE (NZ)

Please see the House of Travel Travel Insurance Policy Wording before applying for details of the cover (including benefits, exclusions and limits).

## Traveller Details

Surname \_\_\_\_\_ Mr/Mrs/Ms/Miss

Given names \_\_\_\_\_

Date of Birth / /

Surname \_\_\_\_\_ Mr/Mrs/Ms/Miss

Given names \_\_\_\_\_

Date of Birth / /

## Dependant(s) to be Covered

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Mr/Miss \_\_\_\_\_ Date of Birth / /

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Mr/Miss \_\_\_\_\_ Date of Birth / /

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Mr/Miss \_\_\_\_\_ Date of Birth / /

## Traveller Address Details

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone (Bus Hrs) \_\_\_\_\_ (After Hrs) \_\_\_\_\_

Email address \_\_\_\_\_

**Please note:** We may require an email address to send you the Policy Wording and your Certificate of Insurance.

## Destination (outlined in more detail on page 17 Of the Policy Wording)

- Region 1 (Domestic)     Region 2 (Australia)     Region 3 (Pacific)     Region 4 (Asia)
- Region 5 (Europe)     Region 6 (Worldwide)

## Cover required

- Single Cover     Family Cover

Start Date/Commencement of cover / /

End Date/Return / /

Period of Journey Days Months

**Please note:** the maximum period of cover is 12 months.

## Are you a NZ resident?

- YES        NO

## Pre-existing Medical Conditions

You are not automatically covered for Pre-existing Medical Conditions. Please refer to the definition of and guidelines for Pre-existing Medical Conditions on pages 30 to 34 of the Policy Wording.

Do you have a Pre-Existing medical Condition (as outlined in the Policy Wording)?  Yes  No

Do you want cover for your Pre-existing Medical Condition for your Journey?  Yes  No

We are unable to offer cover for those Pre-existing Medical Conditions outlined on pages 31 & 32 under the heading "Group 1 – Pre-existing Medical Conditions which are automatically excluded".

If you have any of the conditions which are excluded, travel insurance is still available to you however there is no provision to claim for any of the medical conditions as listed in Group 1 (pages 31 & 32).

If you do not expressly apply for cover and pay an additional premium for Pre-existing Medical Conditions, your claim may be declined.

1. Do all your Pre-existing Medical Conditions fall under Group 2? (pages 32 & 33)  Yes  No  
(If yes, we do provide automatic cover for these Pre-existing Medical Conditions listed in Group 2 at no additional premium)

2. If you have a condition that is not in Group 1 or Group 2, then depending on your age and destination you may be required to complete and submit a Medical Declaration Form.

a) Are you under 81 years of age and going to Australia for 21 days or less?  Yes  No

If Yes, please list your pre-existing medical conditions and you will be required to pay \$50 to cover all of these pre-existing conditions. You are not required to complete a Medical Declaration Form

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

If No,

b) Are you 81 years of age or older?  Yes  No

If no, please complete the Medical Declaration Form. If your application for cover is approved, you will be required to pay \$50 for all pre-existing conditions. You may have an excess and/or limits imposed.

If Yes, Please complete the Pre-existing Medical Condition application form (81 years and older). Please note that there is a section on this certificate that is required to be completed by your doctor. If your application for cover is approved, you will be required to pay \$50 for all pre-existing conditions. You may have an excess and/or limits imposed.

## Additional Options

**Specified Luggage and Personal Effects Cover** (available for Plans B, E & H only)

You can purchase additional cover (up to a combined total of \$15,000) for specified items taken from New Zealand or purchased overseas (valuations or receipts must be attached).

Jewellery can be specified up to an amount of \$5,000 per item or set of items (e.g. pair of earrings)

Bicycles can be specified if the bicycle is less than 3 years old, valued between \$1,500 and \$15,000 and free of defects

**Details of specified items** (eg cameras, laptops, sporting equipment - include make, model, serial number, age)

**Sum insured**

1 \_\_\_\_\_ \$ \_\_\_\_\_

2 \_\_\_\_\_ \$ \_\_\_\_\_

3 \_\_\_\_\_ \$ \_\_\_\_\_

## Duty of Disclosure

When you apply for insurance, you have a duty at law to disclose to us all material facts.

A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- if you have an Injury or Sickness;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim; and
- any insurance claim or loss made or suffered in the past.

## Non-disclosure

If you fail to comply with your Duty of Disclosure, Allianz New Zealand Limited may be entitled to avoid this policy or decline any claim under it.

## Declaration

- I/we have read and understood the Duty of Disclosure.
- I/we have read and understood the House of Travel Travel Insurance Policy Wording and agree to the Policy Wording and Certificate of Insurance being sent to me at the email address given above, where relevant.
- I/we authorise any doctor or clinic to provide Mondial Assistance with information concerning my current or past medical history. I have read the Privacy Notice and I consent to the collection, use and disclosure of my personal information by Mondial Assistance or Allianz to such person and for such purposes stated in the Privacy Notice.
- I/we acknowledge that this policy does not automatically provide cover for Pre-existing Medical Conditions.
- I/we declare that all persons to be covered under the policy:
  - have not commenced their Journey;
  - are not travelling contrary to medical advice or to obtain medical treatment; and
  - are not receiving or awaiting medical consultation, investigation or treatment.
- I/we agree to abide with the terms and conditions of this policy and confirm that the above information is correct.

**No cover is provided until confirmed by House of Travel and you have received your policy certificate and paid for your travel insurance in full.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

House of Travel Outlet: \_\_\_\_\_ Date: \_\_\_\_\_