## **Travel Insurance Application**



In making this application I acknowledge having read "Your Duty of Disclosure" contained in NZAC's policy.

Name:	NZAC Membership #:
Address:	Date of Birth:
	Age on Departure:
Contact Phone:	Occupation:
Email:	I am a Professional Guide:
Next of Kin contact details for when you are away:	
Name:	Relationship to you:
Email:	Contact phone:
Travel Details: Countries travelling to: New Zealand	
I have return flight ticket(s) <i>from Australia</i> with the following details:	
Departure Date from your home in Australia (may incl	ude a domestic flight):
Return Date to your home in Australia:	or
I have other travel insurance for this trip Y N	If yes, please give details:
I am undertaking the following Higher Risk A	Activities:
O Trekking below 5,000m	Control of the Nation (Alach American Control of the National Control of the N
O Rock Climbing	) Mountaineering
O Skiing / Boarding Inside Ski Area Boundaries	O No at risk activities
O Skiing / Boarding Outside Ski Area Boundaries	
Any other hazardous pursuit? Please give details be NB: not every hazardous pursuit can be insured.	low:
Pre-existing medical conditions: see Existing C excluded conditions	onditions for automatically covered conditions and
O I have a condition that is not covered under the autor completed AGA Risk Assessment Form (available at seek cover for these medical condition(s), they must under this policy.	the above website). Note: Even if you do not
Payment: NB: a quote will be sent prior t	o any payment being taken
Mastercard/Visa#:	
Expiry date: /	Secure Pin Code:
Name as on card:	(last 3 digits of secure code on back of card)
Cianatura	Data