

Travel Insurance Application



NEW ZEALAND
ALPINE CLUB

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: _____

I have return flight ticket(s) **from NZ** with the following details:

Departure Date from your home in NZ (may include a domestic flight): _____

Return Date to your home in NZ: _____ or I have a one way ticket only

I am permanently migrating from NZ or applying for permanent residence in _____
(note: your policy should continue until 21 days after arrival in the country you are migrating to)

I have other travel insurance for this trip Y N If yes, please give details:

I am undertaking the following Higher Risk Activities:

- | | |
|--|---|
| <input type="radio"/> Trekking below 5,000m | <input type="radio"/> Skiing / Boarding Outside Ski Area Boundaries |
| <input type="radio"/> Trekking between 5,000 and 6,000m | <input type="radio"/> Kayaking / Rafting (Grade 4 rivers or less) |
| <input type="radio"/> Rock Climbing | <input type="radio"/> Mountaineering (includes Trekking above 6,000m) |
| <input type="radio"/> Skiing / Boarding Inside Ski Area Boundaries | <input type="radio"/> No at risk activities |

Any other hazardous pursuit? Please give details below:

NB: not every hazardous pursuit can be insured.

Pre-existing medical conditions: see [Existing Conditions](#) for automatically covered conditions and excluded conditions

- I have a condition that is not covered under the automatic acceptance provisions and attach a completed AGA Risk Assessment Form (available at the above website). *Note: Even if you do not seek cover for these medical condition(s), they must be disclosed to avoid non-disclosure issues under this policy.*

Payment:

NB: a quote will be sent prior to any payment being taken

Bank Transfer (acct # will be sent)

Credit Card (below)

Mastercard/Visa#: _____

Expiry date: ____ / ____

Secure Pin Code: _____

(last 3 digits of secure code on back of card)

Name as on card: _____

Signature: _____

Date: _____