

# 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: \_\_\_\_\_ 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: Yes  No  If yes, please give details:

## I am undertaking the following Higher Risk Activities:

- |   |  |
|---|--|
| <input type="checkbox"/> Trekking below 5,000m                        | <input type="checkbox"/> Skiing / Boarding Outside Ski Area Boundaries   |
| <input type="checkbox"/> Trekking between 5,000m and 6,000m           | <input type="checkbox"/> Kayaking / Rafting (Grade 4 rivers or less)     |
| <input type="checkbox"/> Rock Climbing                                | <input type="checkbox"/> Mountaineering (includes Trekking above 6,000m) |
| <input type="checkbox"/> Skiing / Boarding Inside Ski Area Boundaries |  |

**Any other hazardous pursuit? Please give details below:**

*NB: not every hazardous pursuit can be insured.*

## High Value Items:

The policy includes items up to \$5,000 in value. You can choose to cover items above this amount for additional premium. If you would like to do this please complete the information in the table below.

Item Description	Value
	\$
	\$
	\$
	\$

## Pre-existing medical conditions:

Have you had any hospital surgery procedure in the last 12 months?

Yes  No

Other than prescription medication, are you undergoing any on-going treatment by a medical practitioner?

Yes  No

Can you confirm that you are fit to travel and not travelling against medical advice or travelling to receive medical advice or treatment?

Yes  No

***If yes, please give details below:***

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## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as on card: \_\_\_\_\_

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