

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:

Trekking below 5,000m

Trekking between 5,000m and 6,000m

Rock Climbing

Skiing / Boarding Inside Ski Area Boundaries

Skiing / Boarding Outside Ski Area Boundaries

Kayaking / Rafting (Grade 4 rivers or less)

Mountaineering (includes Trekking above 6,000m)

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:

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: ____/____/____