

Travel Plan Selected

- Deposit Protection Go To 4.
 International Go To 1.
 Australian Go To 4.
 Australian Cancellation And Additional Expenses Go To 3.
 Annual Multi Trip Go To 2.

For International, Deposit Protection, Australian and Australian Cancellation And Additional Expenses Travel Plans

Departure Date / / Return Date / /

~~1. International Travel Plan only~~

Are you spending more than 72 hours in the USA, Canada, South or Central America or Antarctica? Yes No

What is the country or region you will be spending the majority of the trip?

Excess Selected \$

Ask our representative for excess options.

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~~2. Annual Multi Trip Travel Plans only~~

Region A - World Wide including USA, Canada, South or Central America or Antarctica

Region B - World Wide excluding USA, Canada, South or Central America or Antarctica if more than 72 hours of any one trip is to these destinations.

Excess Selected \$

Ask our representative for excess options.

Do you require cover for your accompanying spouse or defacto? Yes No

Company Name (if applicable)

ABN (if applicable)

Input Tax Credit Yes No

Entitlement for GST premium is %

Period of Insurance is one year from the nominated "Commencement Date"

Commencement Date

Departure Date

/ /

/ /

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3. Australian Cancellation And Additional Expenses Travel Plans only

\$1,000 \$2,000

No. of Fare Paying Passengers

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4. Personal details**First adult**

Title Given Name

Surname Date Of Birth / /

Are you a resident of Australia? Yes No

Second adult

Title Given Name

Surname Date Of Birth / /

Are you a resident of Australia? Yes No

No. of Accompanying Children.

See definition of *Child* or *Children* in the Policy wording

Child 1: Title Given Name

Surname Date Of Birth / /

Child 2: Title Given Name

Surname Date Of Birth / /

Address

City/Suburb

State Postcode

Email

Qantas Frequent Flyer membership number

If applicable, Qantas Frequent Flyer points will be earned by the first adult only. Ensure the Qantas Frequent Flyer No. is in their name.

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5. Existing medical condition(s) and age limits

Are you applying for an International or Annual Multi Trip Travel Plan and have an existing medical condition? Yes No Refer to Existing Medical Condition on page 5.

Are you applying for an International Travel Plan and you are aged 70 years or over? Refer to Age Limits on page 15. Yes No

Are you applying for an Australian Travel Plan and require cover for an existing medical condition? Yes No Refer to Existing Medical Condition on page 5. [Go To 6](#)

6. Are you applying for cover for:

Existing medical conditions of a Non Travelling Relative or Business Partner? Yes No

Refer to page 7. Not available on Australian Cancellation And Additional Expenses and Deposit Protection Travel Plans, to non residents of Australia or after departure.

Cruising cover? Yes No

Refer to page 14, 19, 22. Not available on Australian Cancellation And Additional Expenses or Deposit Protection Travel Plans.

Snow sports cover? Yes No

Refer to pages 14 and 18. Not available on Deposit Protection Travel Plan. Not applicable to Australian Travel Plans or if you are travelling to New Zealand.

Additional rental vehicle insurance excess? Yes No

Refer to pages 14, 18 and 22.

Additional units required?

Not available on Australian Cancellation And Additional Expenses or Deposit Protection Travel Plans.

Specified items cover? Yes No

Refer to pages 14, 18 and 22. Not available on Australian Cancellation And Additional Expenses or Deposit Protection Travel Plans.

Complete the following section for any Specified item cover required.

Description including brand model & age	Value
1. <input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	\$ <input type="text"/>
Total sum insured \$ <input type="text"/>	x 3% Amount \$ <input type="text"/>

Do you have a receipt or valuation less than 12 months old? This will be needed in the event of a claim Yes No [Go To 7](#)

7. Total premium \$

Application form continued overleaf

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8. Please read, complete, sign and return to our representative. To be kept secure by our representative.

Have *you* or any other person with an interest in this insurance:

- 1) been refused travel insurance or had any special terms imposed? Yes No
- 2) Are *you* undergoing or have *you* within the past 12 months undergone or been referred for any tests or investigations into any undiagnosed or suspected medical condition? Yes No

If Yes to question 2 please complete the relevant section of the Travellers Medical Appraisal Form and submit to us with this application form, via *our representative*. If Yes to question 1, please provide full details below. These responses must be individually authorised by QBE Insurance prior to the issue of the Certificate of Insurance. Attach a separate sheet if required.

I/We are not travelling to obtain medical or surgical advice and/or treatment. I/We understand that there is no cover under this policy for an *existing medical condition* unless I/we have applied for cover and acceptance was given in writing. The insured person(s) authorise QBE Insurance or its authorised agent to give or obtain from other insurers, an insurance reference bureau or medical provider, any information relating to any insurance held or claim made. In the case of a group application for travel insurance I understand that all of the information I have supplied will be confirmed on a schedule that may be issued to all members of the group I am travelling with (limited to acknowledgement only in the case of any accepted *existing medical condition*). I/We have received a copy of the combined PDS and Policy wording before being offered insurance. I/We have read those documents carefully. I/We have read *our* Duty of Disclosure, as set out in the PDS. I/We agree to abide by the terms and conditions of the policy and all the above information is correct.

 **YOUR APPLICATION FOR INSURANCE REQUIRES YOUR SIGNATURE HERE**

Signature	Date
<input type="text"/>	<input type="text"/>

(The signatory must be 18 years of age or over and is authorised to sign on behalf of all named persons.)

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9. PAYMENT OPTIONS -

- Cash Cheque American Express
 MasterCard Visa Diners Club

(Please ask *our representative* for details of credit card availability and fees.)

Card number






Expiry date Amount (\$)
 /

Name on credit card

(PLEASE ENSURE YOU HAVE ALSO SIGNED YOUR APPLICATION FOR INSURANCE ABOVE.)

Cover will not commence until *your* application and payment have been accepted.

Is it worth the risk?

	\$550,011 for assault and robbery in the USA
	\$35,238 for emergency surgery on a broken wrist after a snow boarding accident in Canada
	\$22,374 for an allergic reaction to a bee sting in Europe
	\$14,975 for an Alaskan cruise being cancelled due to hospitalisation to correct serious internal bleeding
	\$5,000 for the rental vehicle insurance excess after a motor vehicle accident in Europe

* terms limits and conditions apply. Please refer to the policy wording for full details of cover.

Travel insurance declaration

I/We acknowledge that I/we have been advised that travel insurance is available to

- cover medical
- dental expenses incurred overseas or whilst onboard a cruise ship
- medical and non medical evacuation and repatriation
- luggage and personal effects that have been lost, damaged or stolen during the *trip*
- cancellation and additional expenses
- other events depending on the travel plan selected

Subject to the terms and conditions of the policies available.

I/We decline to accept the insurance offered because:

- Alternate insurance arrangements have been made.
- I/We choose not to insure.
- I/We have been offered insurance for an *existing medical condition* but have declined to accept it.

Complete and sign ONLY IF INSURANCE IS NOT REQUIRED

Signed	Date
<input type="text"/>	<input type="text"/>

Signed	Date
<input type="text"/>	<input type="text"/>

Witness	Date
<input type="text"/>	<input type="text"/>

Client File No