Extension Application Form (AUS)

Please complete all sections CLEARLY and RETURN to Downunder Worldwide Travel Insurance by fax or post. Notification of requests must be received at least 48 hrs before proposed date of commencement. Please note that your agent will endorse your policy with the same extensions / endorsements as your original certificate unless otherwise stated herein.

Full name of Proposer requiring insurance _____

Original Certificate Number (if any) _____ Original Insurer (if any) _____

Australian Home Address _____

_____

Phone No (work) _____ (home) _____

Current overseas address (where you are at present) _____

_____

Postcode _____ Phone No (work) _____ (home) _____

Current occupation (if any) _____ D.O.B _____

Nationality _____

Original Departure Date from Australia _____ for _____ days

Have you previously applied for an extension to this insurance? (please circle) **YES** **NO**

Number of days/months extension required for (Please note: the total trip must not exceed 12 mths at a time) _____

Name(s) & D.O.B(s) of additional person(s) requiring insurance (please note: they must have appeared on original certificate)

1 _____

2 _____

All countries to be visited during the proposed period of insurance (and duration) _____

_____

Date of return to Australia (if known) _____ Flight Number (if known) _____

Please advise of any hazardous/sporting activities to be undertaken during the proposed period of insurance _____

_____

Excess Waiver (please circle preferred option) **YES / NO** (No Excess Option: Simply pay a one off fee of 10% on top of your normal policy price (as listed on the right hand side of the schedule of benefits on website) and all standard excesses as listed under the Schedule of Benefits will no longer apply)

Contact Details (Please advise CLEARLY how we should contact you)

Telephone Number (including country/area code) _____ **Email** _____

Person we should ask for if not yourself _____

Name on card _____

Payment Details Visa / MC **Exp**

Security code (last three digits, on the back of the card)

Warranty At the time of requesting this insurance, the proposer warrants that all the persons to be covered are not

- travelling contrary to medical advice or to obtain medical treatment abroad;
- receiving or awaiting hospital consultation, investigation or treatment; or
- suffering from any pre existing medical conditions

Should the proposer or anyone to be covered suffer from a pre existing condition, this must be declared to and accepted by Downunder for cover. The proposer further warrants that

- no claims have been made under any original certificate (or extension thereof)
- nothing has arisen or occurred to date which will result in a claim being made

If any claims have been made or are pending, full details must be supplied. The proposer understands that the Underwriters will accept no increased liability under the policy during the period between the insurance commencing and the proposer receiving, reading and understanding his and her insurance documents. The proposer understands that this application may be subject to approval from the Underwriters. No cover is available until confirmed by the issuing agent.

Signature of Proposer _____ Date _____