Overseas Application Form (NZ)

DOWNUNDER WORLDWIDE INSURANCE SERVICES

Please complete all sections CLEARLY and RETURN to Downunder Worldwide Travel Insurance NZ by fax, scan or post.
Notification of requests must be received at least seven days before proposed date of commencement.
Note: You must be New Zealand national or have permanent New Zealand residency.
Please see policy wording for details before completing this form.

Policy Type Required (please circle) ESSENTIALS BACKPACKER EXPLORER COMPREHENSIVE WINTERSPORTS

Full name of Proposer requiring insurance _____

Have you previously applied for insurance on this trip? (Please circle appropriate answer) **YES** **NO**

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

New Zealand Home Address _____

Phone No (work) _____ (home) _____

Current overseas address (where you are at present) _____

_____

_____

Phone No (work) _____ (home) _____

Current occupation (if any) _____ Age_____

Nationality _____

Original Departure Date from New Zealand_____ for _____ days

Required Insurance Start Date _____ for _____ months/days

Name(s) & Age(s) of additional person(s) requiring insurance

1 Name _____ Age _____ 2. Name _____ Age _____

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 of the schedule of benefits on website) and all standard excesses as listed under the Schedule of Benefits will no longer apply.

Areas to be visited during the proposed period of insurance.

Area 1 (South Pacific, Australia and Bali), **Area 2** (Worldwide excl USA Canada and Japan), **Area 3** (Worldwide).

Proposed date of return to New Zealand _____

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

_____

If you wish to specify any items where the value exceeds the single item or valuable limit in the schedule please list.

(cameras, laptops, sporting equipment etc. including Make, Model, Serial Numbers, Age & Value)

1._____

2._____

3._____

Please contact Downunder Insurance if suffering from pre-existing health conditions (please choose relevant number)

New Zealand Policies – please dial +64 9 376 8292 Health Check code _____

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

Telephone Number (inc. country/area code) _____ **Email** _____

Person we should ask for if not yourself _____

Name on Card _____

Payment Details Visa / MC / AMEX (Note a $20nzd administration fee applies to all policies) **Exp/Valid from**

Warranty At the time of requesting this insurance, the proposer warrants that all the persons to be covered are not travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment. Furthermore, the proposer warrants that all the persons to be covered are not suffering from (or receiving advice, medication or treatment for) any medical conditions whatsoever.
It is further warranted that no claim has been made under any original certificate (or any extension thereof) and nothing has arisen or occurred during the trip that would result in a claim being made. The Proposer understands that underwriters will accept no increased liability under the policy during the period between insurance commencing and the proposer receiving, reading and understanding his or 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 _____