



Mike Henry Insurance Policy Application Form

Please complete the attached Application Form for the travel insurance and send it back to our office.

Your insurance policy will be taken after the application deadline so you will be covered for any loss of deposits from then on.

Note: Tour cancellation

The Leisure Travel Insurance policy does cover you for loss of deposits and tour cancellation charges. However you must be declared unfit to travel by a doctor. Any decision by choice to withdrawal from the program and the cover will not apply

Please refer to this sample form as a guide to completing the application.

Japan comes under Plan A
You are a Standard Traveller

Departure date is the date you leave home for Auckland.
Return date is the date you arrival back into NZ.

Enter your full name, DOB and age as at departure date

Your full home address

If you are travelling with an individual item or set of items valued over \$1500, please provide details of the item/s, based on a current market valuation, as an additional surcharge may apply.

Please enter any pre-existing medical conditions you have. This is any chronic condition If you have a pre-existing condition, illness, injury that you are aware of or have sought treatment, medication or hospitalisation for. It includes conditions that require regular checkups or for which you take prescribed medication for. It also includes allergic conditions.

Please sign and date here

Application Form

Main destination: Plan A <input checked="" type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> (Please tick your choice)			
Standard Traveller <input checked="" type="checkbox"/> Domestic Traveller <input type="checkbox"/> Permanent One-Way Traveller (Reminder: Plan A only) <input type="checkbox"/> Incoming Traveller <input type="checkbox"/>			
Departure Date: 19 Dec 08	Return Date: 8 Jan 09	Number of days: 21	Number of weeks: Number of months:
Applicant(s)			
Applicant 1 - Name: Peter Smith		Date of Birth: 25 Aug 94	Age: 14
Applicant 2 - Name:		Date of Birth:	Age:
Dependent children/grandchildren 21 years or under N/A			
Child 1 - Name:		Date of Birth:	Age:
Child 2 - Name: N/A		Date of Birth:	Age:
Address: 20 Cornwall Street, Greerton, Tauranga			Phone number: 07 543 3220
Extra options: Deposit Premium Option? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Rental Vehicle Excess Option? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Specified Items			
Applicant:	Item:	Amount \$	
Applicant:	Item:	Amount \$	
Pre-existing medical conditions: Is Pre-Existing Medical Cover required?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<small>(Reminder: A medical certificate may need to be completed by your doctor)</small>			
Applicant 1 - Condition:	Surcharge	\$	
Applicant 2 - Condition:	Surcharge	\$	
Children - Condition:	Surcharge	\$	

TRAVEL INSURANCE DECLARATION

It is important for You to read and understand this declaration before signing the application form, as there are terms and conditions You need to be aware of.

You need to tell us if:

- You are leaving NZ permanently.
- You have been refused travel insurance or had special terms applied.
- You are travelling against doctor's advice or seeking treatment or You have a terminal condition.
- You have any change in health after You buy the insurance and before you are due to travel or know of anything that could affect Your travel plans.
- The information above is not correct and agree not to hold back any information that may be relevant to the acceptance by the Insurer .

We need to tell you:

- That You agree to allow us to provide the Insurer and travel agent any relevant information regarding past and/or current claims.
- If You have given us any false information that we have the right to void this Policy.
- Where there is public treatment available that this treatment will be sought first.
- After the policy is issued if there is any change to Your health we have the right to review this as a Pre-Existing Condition and special terms may apply.
- That You agree to abide by the terms and conditions of this Policy.

I confirm that the above information is correct for all applicants and that I am signing this declaration on behalf of all applicants. I have read the Declaration and understand that this information will apply to the Policy.

Signed: _____ Date: _____

PREMIUM CALCULATION

Premium	\$
Deposit Premium	\$
Rental Vehicle Cover	\$
Specified Items	\$
SUB TOTAL	\$

Pre-Existing Surcharge \$ _____

RECOMMENDED PREMIUM \$ _____

IMPORTANT NOTE: Dependant on your age or medical condition a medical certificate may be required to be completed by your doctor to be eligible for cover on the plan you have purchased.

Your recommended premium for plan _____ for a duration of _____ will be \$ _____ on a _____ rate.

This quote is subject to change at any time.