application form (Policy effective 1 October 2011)

QBE

The Privacy Act 1993 requires us to inform you about certain rights and obligations relating to the information which we collect on this form. They are in the declaration at the end of the form. We recommend that you read the declaration before continuing.

Cover does not commence until this Application Form is received by the Insurer, or it's Agent and the Premium paid.

Insured #1 _____ Title ____ Date of Birth / /

Insured #2 _____ Title ____ Date of Birth / /

Insured #3 _____ Title ____ Date of Birth / /

Insured #4 _____ Title ____ Date of Birth / /

Dependent children

Name _____ Date of Birth / / Name _____ Date of Birth / /

Name _____ Date of Birth / / Name _____ Date of Birth / /

Address _____

PREMIUM

Policy required

Region 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ Deposit Only ◯ Budget ◯ Leisure ◯ Frequent Traveller ◯

Departure Date / / Return Date / / Flights ☐ Trekking ☐ Cruising ☐ Tours ☐

Destinations _____ $:

Snow Sports Package Required? Yes ☐ No ☐ Additional Premium $ x Adults = $:

Leisure International Travellers excess options Nil ☐ $100 ☐ $500 ☐ $:

Travellers aged 70 years or over must complete the Preliminary medical appraisal form and submit this to QBE for assessment before a policy is issued.

Please Note: The following options may not be available under the policy type you have selected (please refer to the applicable sections of the brochure)

Policy upgrade Do you wish to upgrade your policy to a higher geographical Region for part of your trip? Yes ☐ No ☐

Dates of upgrade from / / to / / From Region ____ To Region ____ Days ____ $:

Dates of upgrade from / / to / / From Region ____ To Region ____ Days ____ $:

(Upgrades from Region 3 to Regions 1 and 2 for less than six days in total are covered free of charge but must be noted on the Certificate of Insurance)

Rental vehicle excess (increased cover by a maximum of $3,000)

Increased cover required _____ (max $3,000) at additional premium of $20 per each additional $500 cover $:

Additional baggage (Limit any one item $10,000 - overall maximum $25,000)

_____ $

_____ $ Total $ x 2% = $:

Existing medical conditions (refer page 12-15 of brochure) Do you require cover for existing medical conditions? Yes ☐ No ☐

If you have selected a Deposit only, Leisure International or Frequent Traveller policy and you require cover for exisiting medical conditions you will need to complete the Preliminary Medical Appraisal Form (available from your travel consultant) and submit this to QBE for assessment.

If you qualify for automatic acceptance under Region 5 (Australia) please place your name(s) only in the box provided and add the additional amount payable to your premium.

Name	QBE's authorisation number	Name	QBE's authorisation number	
				$:
				$:

Form of payment ☐ Cash/cheque ☐ Visa ☐ Mastercard ☐ American Express ☐ Diners Expiry Date / /

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Name on card _____

Total Amount Payable $:

Disclosure

Please read the paragraph on page 20 of the brochure in respect of disclosure, and then list here any matters you believe you should disclose to QBE prior to them assessing your application for insurance.

Declaration

1. I/We have told QBE Insurance (International) Limited everything which is likely to affect the acceptance of this insurance.
2. No insurance company has ever declined to insure me/us or refused renewal or cancelled any policy or declined any claim.
3. There are no circumstances likely to cause the journey to be cancelled or curtailed.
4. I/We understand that should my state of health change prior to the journey commencing that I/We must inform QBE, who may impose special terms and conditions.
5. All persons on whose state of health the journey depends are in good health. I/We understand that the existing medical conditions of relatives or persons on whose state of health the journey depends on are not covered under this policy.
6. I/We have read and accept all conditions relating to this policy as detailed in the Policy Conditions and understand some options detailed in this application and in the Policy Conditions may not be applicable on the policy I/We have selected.
7. I/We agree to elect free or reduced cost medical treatment where it is available to me/us.
8. I/We give QBE, or its authorised settling agents, the authority to register any Named Person with the Australian Medicare scheme.
9. I/We authorise QBE to give or obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.
10. I/We understand that:
    - QBE is collecting the information on this proposal to evaluate my insurance.
    - Failure to provide any of this information may result in QBE refusing to provide this insurance.
    - I/We have certain rights of access to and correction of this information.

Applicants Signature _____ Date / /