

Business Enrolment Form

Policy number (Agents must complete) **C M B**

Traveller and Company Contact Details

Main Policy Holder

#	Title	First Name	Surname	D.O.B.
1				/ /

Contact Details

Street Address	
Suburb	P/code
Day Phone ()	Mobile
Email	

List All Other Travellers On This Policy (including children)

#	Title	First Name	Surname	D.O.B.
2				/ /
3				/ /
4				/ /
5				/ /

Policy and Travel Details

Area 1 Worldwide <input type="checkbox"/>	Country Most Time Spent In	Travel Start Date	Maximum Duration Per Trip
Area 2 Worldwide excluding the Americas and Africa <input type="checkbox"/>	<input type="text"/>	/ /	30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/>

Trip Cost

This includes prepaid travel tickets, hotels, tours or other travel related expenses for all travellers on this policy.

Single Trip: enter the value of this trip \$

Annual Multi-Trip: enter your highest trip value

Vary Your Cover

Excess Chosen International Only (Pg 4)	\$Nil <input type="checkbox"/> \$100 <input type="checkbox"/> Other <input type="text"/>
Increase Luggage Item Limit (Pg 9)	Item Description (attach valuations/receipts) <input type="text"/> Increase The Item Limit By <input type="text"/> \$
	Item Description (attach valuations/receipts) <input type="text"/> Increase The Item Limit By <input type="text"/> \$
Increase Rental Car Insurance Excess Cover (Pg 9)	Extra Cover Required <input type="text"/> \$
Motorcycle / Moped Riding (Pg 9)	Tick If Cover Required <input type="checkbox"/>
Snow Skiing And Snowboarding (Pg 9)	Tick If Cover Required <input type="checkbox"/> Snow Skiing <input type="checkbox"/> Snowboarding <input type="checkbox"/>
Existing Medical Conditions / Pregnancy (Pg 7-9) This applies only to conditions not listed under the heading "Conditions We Automatically Cover For Free" on page 7	Conditions Not Requiring Assessment (Extra Cost Applies): List travellers who require cover (eg travellers 1 & 3) <input type="text"/>
	Conditions That Require Assessment (Extra Cost Applies): List travellers who require cover (eg travellers 1 & 3) <input type="text"/>

Total Amount Payable (based on the information I provided) \$

Travellers To The Americas And Africa Only

If you are not completely sure about the answer to the following question please get advice from your doctor.

Has anyone wishing to be insured ever been diagnosed with:
a heart condition a lung condition* reduced immunity**

* not including asthma if you are under 60 years of age
** e.g. as a result of medication or a medical condition

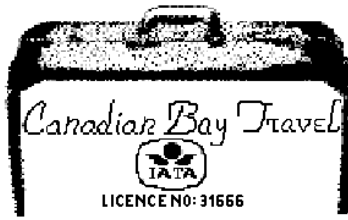
If you have been diagnosed with one or more of the above conditions, our Medical Assessment Form must be submitted to us. We will then advise if we can provide a policy, and if so, on what terms.

Declaration

- The PDS was given to me before I applied for this insurance.
- I understand that this policy does not automatically cover some existing medical conditions or some known pregnancies.
- I declare that all information supplied in this enrolment form and any attachments is truthful.

#	Signature of Adult Traveller/s	Date
1		/ /
2		/ /

Note: If you need additional space, please provide extra information on a separate sheet of paper.



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 cbtravel@bluep.com
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CREDIT CARD AUTHORISATION FORM

DATE :- / /20

I, _____, authorise
 Travelinsure @ Canadian Bay Travel to charge the following credit
 card the total amount of \$.....for travel insurance :-

Type of Credit Card :-

Name on Card :-

Credit Card No. :-

Expiry Date :-CVV No.....

Signature

Once you have signed your approval could you please scan and
 email to info@travelinsure.com.au or fax back to (03) 9787 1145.

Hans Went
 Travelinsure @ Canadian Bay Travel