

**Traveller and Company Contact Details**

Adult Traveller/s					Contact Details	
#	Title	First Name	Surname	D.O.B.		
1				/ /	Company Name	
2				/ /	Company Address	
					State	
					Postcode	
					Day Phone ( )	
					Mobile	
					Email	

Children / Infants (aged 0-20 years)				
#	Title	First Name	Surname	D.O.B.
3				/ /
4				/ /
5				/ /
6				/ /

**Policy and Travel Details**

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

**Vary Your Cover** Amount Payable

<b>Excess Chosen</b> (Pg 7)	\$Nil <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> (The higher the excess the lower the premium)		\$ <input type="text"/> <small>Base Premium</small>
<b>Increase Luggage Item Limit</b> (Pg 11)	Item Description (attach valuations/receipts)	Increase The Item Limit By	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Increase Rental Car Insurance Excess Cover</b> (Pg 11)	Item Description (attach valuations/receipts)	Increase The Item Limit By	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Increase Rental Car Insurance Excess Cover</b> (Pg 11)	Extra cover required	\$ <input type="text"/>	\$ <input type="text"/>
<b>Motorcycle / Moped Riding</b> (Pg 11)	Tick if cover required <input type="checkbox"/>		\$ <input type="text"/>
<b>Snow Skiing And Snowboarding</b> (Pg 11)	Tick if cover required	Snow Skiing <input type="checkbox"/> Snowboarding <input type="checkbox"/>	\$ <input type="text"/>
<b>Existing Medical Conditions / Pregnancy</b> (Pg 9-11) This applies only to conditions not listed under the heading "Conditions We Automatically Cover For Free" on page 9	<b>Conditions Not Requiring Assessment (Extra Cost Applies):</b> List travellers who require cover (eg travellers 1 & 3)		\$ <input type="text"/>
	<b>Conditions That Require Assessment (Extra Cost Applies):</b> List travellers who require cover (eg travellers 1 & 3)		\$ <input type="text"/>
<b>Total Amount Payable</b> (based on the information I provided)			\$ <input type="text"/>

**Medical Information**

**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\*\* Yes  No

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

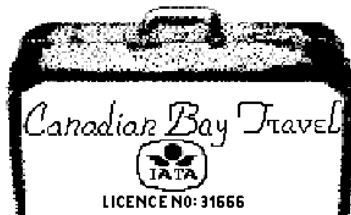
If Yes, our Medical Assessment Form must be submitted to us. We will then advise if we can provide a policy, and if so, on what terms.

**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.



Shop 5,  
Village Centre  
Mt. Eliza Vic. 3930  
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Fax: (03) 9787 1145

cbtravel@bluep.com  
ABN 39 005 414 326



# CREDIT CARD AUTHORISATION FORM

DATE:     /     /20

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

Type of Credit Card:.....

Name on Card:.....

Credit Card No:.....

Expiry Date:.....

**Signature:**

Once you have completed the form and signed your approval could you please fax back  
to (03) 9787 1145.

Hans Went  
Travelinsure @ Canadian Bay Travel