

# Cover·More® Travel Insurance

## Supplementary Enrolment Form

Effective: May 2008

**When completed in full, please fax this form along with your completed enrolment form to (02) 9202 8002**

**We will advise our agent whether or not cover can be provided, and if so, on what terms.**

Issuing Agency <input type="text"/>	Tel ( <input type="text"/> ) <input type="text"/>	Fax ( <input type="text"/> ) <input type="text"/>
Applicant's Name <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address <input type="text"/>	Suburb <input type="text"/>	Post Code <input type="text"/>
Travel Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Travel End Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Destination(s) <input type="text"/>
Occupation <input type="text"/>	<input type="text"/>	

### Please complete ALL questions below

If insufficient space is allowed for any answer, please provide details on a separate sheet.

1. Will you be travelling to? • Aghanistan • Algeria • Burundi • Central African Republic • Iraq • Ivory Coast • Liberia • Somalia • Sudan • Yemen

Country	Days in the country	Purpose of trip to this country
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. In the last five years have you and/or any other person wishing to be insured been in prison or had any criminal conviction(s) (other than driving offences)?  
 No  Yes If 'Yes', please complete below:

Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Details <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

3. In the last five years have you and/or any other person wishing to be insured had any insurance declined or cancelled, renewal refused or claim rejected?  
 No  Yes If 'Yes', please complete below:

Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Details (please include the reason for the insurance company's decision) <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

4. In the last ten years have you and/or any other person wishing to be insured purchased travel insurance?  
 No  Yes If 'Yes', how many times? \_\_\_\_\_

5. In the last ten years have you and/or any other person wishing to be insured made any travel insurance claims?  
 No  Yes If 'Yes', please provide all requested details below (include details of policies even if they were not claimed against).

All Travel Insurance Policies (for the last ten years).

Year of purchase	Duration of policy	Claim made	Claim details (provide description and amount paid)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>

Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Applicant's signature <input type="text"/>
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