

# Toursafe School Group Application Form

Name of School \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

Applicant \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

## Travel Details

Destination \_\_\_\_\_

Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Period of Journey \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

## Selected Plan Premium

International Adult \$ \_\_\_\_\_ Student \$ \_\_\_\_\_

Domestic Adult \$ \_\_\_\_\_ Student \$ \_\_\_\_\_

GST is included in Domestic Premium \$ \_\_\_\_\_

## Existing Health Disorder

Do you require cover for Existing Health Disorder? Yes/No

Prior approval must be obtained Additional Premium \$ \_\_\_\_\_

Acceptance/Authority Number \_\_\_\_\_

## Specified Items

To cover items worth more than the item limits shown, list them below and provide receipts or valuations to our Distributor before the policy is issued. Maximum cover is \$4,000 per item and \$8,000 in total.

1 \_\_\_\_\_

2 \_\_\_\_\_

Insured Value \$ \_\_\_\_\_ Additional Premium \$ \_\_\_\_\_

Total Premium \$ \_\_\_\_\_

I/We are not travelling to obtain medical or surgical advice and/or treatment.

I/We understand that there is no cover under this policy for an existing health disorder (including pregnancy) unless I/we have applied for cover and acceptance was given in writing. The insured person(s) authorise nib or our representative to give or obtain from other insurers, an insurance reference bureau or medical provider, any information relating to any insurance held or claim made. I/we have received a copy of the combined PDS, Policy Wording and FSG before being offered insurance. I/We have read those documents carefully.

I/we have read our Duty of Disclosure, as set out in the PDS. I/ we agree to abide by the terms and conditions of the policy and all the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the applicant is under the age of 18 years a parent/guardian must sign this application.