

Group Details

Date _____

Agency Name _____

Telephone No. _____

Fax No. _____

Consultant Name _____

Please complete the following on behalf of your client and fax to our office on (09) 489 8167;

Group Name _____

No. of Adults (under 70 years old) _____

No. of Children (dependant children under 21 years old) _____

No. of Adults (over 70 years old) _____

Which Countries will be visited _____

Date of Departure _____

Date of Arrival back into New Zealand _____

Period of Insurance _____

Important Note

A group is considered to be a number of travellers departing together and returning to New Zealand on the same day.

Group discount is standard 5% for 10 to 19 FULL paying individuals and 10% for 20 or more FULL paying individuals.

This quotation has been completed based on the information you have provided to us and is made up of the Policy Wording (which includes the list of Benefits, Premiums, Application Form, Declaration, Policy Document Wallet) and Policy Certificate. You should carefully check the details contained in these documents because they are the terms and conditions that apply to your policy.

This quotation DOES NOT include any Optional Special Benefits (eg. Specified Items, Adventure Activities, Rental Car Excess Cover or Private Hospital Care) if these are required please request a separate quotation from your consultant.

This policy DOES NOT include cover for Pre-existing Medical Conditions, Individual members of the group requiring this cover should contact our Medical Hotline to apply for written acceptance.

No insurance is granted under any section of this policy unless the full premium has been paid and the policy certificate has been issued prior to your departure from New Zealand.

The time to purchase your travel insurance is at the same time as you pay a deposit for your holiday, in case you should have to cancel your trip due to unforeseen circumstances

Office Use Only

To be completed by Comprehensive Travel Insurance

Policy Product		Plan					
Either		Premium Per Person	No. of PAX	Sub Total	Discount	Total Premium	Total Premium Per Person
INDIVIDUAL BENEFITS (everyone pays a premium)							
Or	With Excess	\$		\$	%	\$	\$
	NO Excess	\$		\$	%	\$	\$
SHARED BENEFITS* (One adult with two dependant children)							
	With Excess	\$		\$	%	\$	\$
	NO Excess	\$		\$	%	\$	\$

* SHARED BENEFITS - Note: all benefits are shared by 3 if this option is chosen. NO COVER FOR Accidental Death & Permanent Disablement for children under the age of 16 if a FULL premium has not been paid.

This quote is valid for one month from

Authorised By