

# LEISURE TRAVEL INSURANCE APPLICATION FORM

## COMPLETE THIS FORM TO APPLY FOR LEISURE TRAVEL INSURANCE

Refer to the Policy Wording prior to completing this application form.

Completed forms can be posted or emailed to your insurance agent/broker.

If you or your travelling companions have Pre-existing Medical Conditions you may be asked to complete a Medical Pre-Assessment Guide. Your insurance agent/broker can use this to determine if you or your travelling companions need to complete a full Medical Assessment. These forms are available through your insurance agent/broker.

## Applicant Details - Policy Holder and All Other Travellers

Title	First name	Surname	Pre-existing Medical Condition(s)	Date of birth
			<input type="checkbox"/>	/ /
			<input type="checkbox"/>	/ /
			<input type="checkbox"/>	/ /
			<input type="checkbox"/>	/ /

## Applicant Postal Address and Contact Details

Street Number	PO Box / Street Address	
Suburb	City	Postcode
Phone Number	Email Address	

### Plan Option

- ☐ Comprehensive
- ☐ Essentials
- ☐ Comprehensive Frequent Flyer  
(maximum 60 days any one journey)

### Duration

#### Selected Duration (Essentials and Comprehensive Plans)

Date Travel Starts / / Date Travel Ends / /

#### Frequent Flyer

Policy Start Date / /

## Specified High Value Items (Comprehensive only)

Electronic, video and camera equipment have a maximum benefit of \$2,500 per item while other luggage and personal effects are covered up to \$1,500 per item. If you require additional cover, list your specified items here. Additional premium applies.

*The total limit per item is NZ\$10,000 with an overall total limit for all specified items of NZ\$20,000 per policy.*

Specified High Value Items	Present Day Value
	\$
	\$
	\$
	\$

## Destination Confirmation

List the countries that you will visit and the number of days that you will visit each country.

Destinations	Number of days

## Excess

Choose your excess

- ☐ Nil excess (Comprehensive only)
- ☐ \$150 excess
- ☐ \$250 excess

## Declaration

I confirm I am authorised to answer the questions in this declaration on behalf of the policy holder and additional travellers.

I understand and accept the terms, conditions, limits and exclusions of this policy as detailed in the Policy Wording.

I confirm that I have disclosed all Pre-existing Medical Conditions that are not automatically covered, whether or not cover is required for these conditions.

I understand that if I do not disclose details of Pre-existing Medical Conditions other than those automatically covered, then this may affect the availability of cover generally, even if I do not seek cover for the Pre-existing Medical Conditions.

I understand that cover for any Pre-existing Medical Conditions that are not automatically covered will only be provided if I receive written confirmation of acceptance from Allianz Partners. If I am directed to complete a medical assessment, I confirm that I will do so completely and truthfully. Failure to do so may affect the availability of cover generally, even if I do not seek cover for the Pre-existing Medical Conditions.

I agree to accept free or reduced cost health treatment where it is available under any reciprocal health agreement with the New Zealand Government (unless policy is extended to provide cover).

I confirm this policy has been purchased in New Zealand before my journey has started.

I am not aware of any circumstances likely to affect my planned journey.

I have given all material information likely to affect the acceptance of my insurance. Material information includes facts that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

I agree that AWP Services New Zealand Limited trading as Allianz Partners are authorised to give or obtain information from other parties, including other insurance companies and the Insurance Claims Register, relating to this insurance or any claims made under this insurance as further detailed in the Policy Wording.

## APPLICANT SIGNATURE

## DATE OF APPLICATION

/ /

This insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Partners and underwritten by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Incorporated in Australia). You should consider the policy wording before making any decisions about your insurance policy.

### The Hollard Insurance Company Pty Limited – Financial Strength Rating and Overseas Policyholder Preference Disclosure Notice

The Hollard Insurance Company Pty Ltd has a financial strength rating of A- (Excellent) issued by A.M.Best Company Inc.

The rating scale is:

A++, A+ (Superior)	C++, C (Marginal)	E (Under Regulatory Supervision)
A, A- (Excellent)	C, C- (Weak)	F (In Liquidation)
B++, B+ (Good)	D (Poor)	S (Suspended)
B, B- (Fair)		

Plus (+) or minus (-): Ratings from "AA" to "CCC" may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories.

Further information on these ratings is available [here](#).

An overseas policyholder preference applies. Under Australian law, if The Hollard Insurance Company Pty Ltd is wound up, its assets in Australia must be applied to its Australian liabilities before they can be applied to overseas liabilities. To this extent, New Zealand policyholders may not be able to rely on The Hollard Insurance Company Pty Ltd's Australian assets to satisfy New Zealand liabilities.



# MEDICAL PRE-ASSESSMENT GUIDE

## (LEISURE AND BUSINESS TRAVEL INSURANCE)

Your responses can be used to determine if you need to complete a medical assessment.

### IMPORTANT INFORMATION

- You must answer all questions truthfully.
- We recommend that you use this guide alongside the Policy Wording.
- If you complete a medical assessment and cover is offered for your Pre-existing Medical Conditions, an additional premium may be charged. You will have the choice to opt out of this additional cover however please note this means no claim can be made for losses relating directly or indirectly to any Pre-existing Medical Condition.
- A medical assessment must be completed within 14 days of the date your travel insurance policy or quote is issued.
- Pre-existing Medical Conditions are not covered under an Essentials (Leisure) plan.

#### A Pre-existing Medical Condition is defined in our travel insurance policy wordings as meaning:

- Any physical defect, infirmity, existing or recurring illness, Injury, disability or Mental Illness of which you, or the person due to whom you are claiming, are aware of; or
- Any medical condition for which you, or the person due to whom you are claiming have had or received a medical examination, consultation, treatment, investigation and/or medication in the 12 months prior to the date your policy is issued.

#### Q1

Has a registered medical practitioner advised you against travelling?	Yes If Yes - We are unable to proceed with an assessment for your Pre-existing Medical Condition(s) because you have been advised against travelling by a registered medical practitioner. This means that the Pre-existing Medical Condition(s) for which a registered medical practitioner has advised you not to travel, and any other Pre-existing Medical Condition(s) which would not otherwise automatically be covered by this policy will remain excluded.	No Go to Q2
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#### Q2

Are you travelling, or is one of the reasons you are travelling to obtain medical treatment for any medical condition?	Yes If Yes - We are unable to proceed with an assessment for your Pre-existing Medical Condition(s) because you have indicated that the reason you are travelling is to obtain medical treatment. This means that the Pre-existing Medical Condition(s) for which you are travelling to obtain treatment for, and any other Pre-existing Medical Condition(s) which would not otherwise automatically be covered by this policy will remain excluded.	No Go to Q3
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#### Q3

Have you had surgery or hospital treatment for any medical condition in the last 12 months?	Yes If Yes - You will need to complete a medical assessment	No Go to Q4
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<b>Q4</b>		
Do you suffer from ongoing pain for which you receive regular medication or treatment?	Yes If Yes - You will need to complete a medical assessment	No Go to Q5
<b>Q5</b>		
Do you have any ongoing or chronic condition that has been treated in hospital in the last 5 years?	Yes If Yes - You will need to complete a medical assessment	No Go to Q6
<b>Q6</b>		
Have you had any medical condition diagnosed in the last 12 months?	Yes If Yes - You will need to complete a medical assessment	No Go to Q7
<b>Q7</b>		
Have you had a change in your medication or treatment in the last 12 months?	Yes If Yes - You will need to complete a medical assessment	No Go to Q8
<b>Q8</b>		
Have you been diagnosed as being terminally ill and/or been given a terminal prognosis by your doctor with a life expectancy of less than 24 months?	Yes If Yes - You will need to complete a medical assessment	No Go to Q9
<b>Q9</b>		
Have you ever, in your lifetime, had a condition relating to: <ul style="list-style-type: none"> <li>Your heart (excluding hypertension)</li> <li>Your Brain</li> <li>A transplanted organ (including stem cell transplants)</li> <li>Renal failure</li> <li>Thinning of the bones (e.g. osteopenia, osteoporosis)</li> <li>A lung condition (excluding asthma), due to which you are permanently limited by shortness of breath or diagnosed as cystic fibrosis</li> <li>Cancer</li> <li>An aneurysm, blood or lung clots (including stroke/TIA)</li> <li>Insulin dependent diabetes</li> <li>Major allergic reactions</li> <li>A back problem for which you have had spinal surgery</li> <li>Surgery involving any joints</li> </ul>	Yes If Yes - You will need to complete a medical assessment	No Go to Q10
<b>Q10</b>		
Have you been diagnosed with any mental health conditions?	Yes If Yes - You will need to complete a medical assessment	No Go to Q11
<b>Q11</b>		
Have you been diagnosed with a sexually transmitted disease(s), AIDS, HIV or related conditions?	Yes If Yes - We are unable to provide cover for these Pre-existing Medical Conditions	No Go to Q12
<b>Q12</b>		
Do you have any ongoing signs or symptoms for which you have had investigations and not yet had a diagnosis for?	Yes If Yes - We are unable to provide cover for any undiagnosed signs or symptoms. This means that there is no provision to claim under this policy for events directly or indirectly from your undiagnosed signs and symptoms, and any medical condition which is found to be the cause of your undiagnosed signs or symptoms will remain excluded.	No Go to Q13
<b>Q13</b>		
Do you have any further investigations planned for any medical condition, or are you awaiting any procedure or surgery for any medical condition?	Yes If Yes - We are unable to provide cover for any medical condition for which further investigations are planned, or, for which you are awaiting any procedure or surgery. This means that there is no provision to claim under this policy for events directly or indirectly from your Pre-existing Medical Condition, and it will remain excluded.	No <b>If you have answered "No" to Questions 1-13 your Pre-existing Medical Condition(s) are automatically covered.</b>

Insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Partners, Level 3, 1 Byron Ave, Takapuna, Auckland 0622 and underwritten by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Incorporated in Australia), ("Hollard"), Level 26, 188 Quay Street, Auckland 1010. You should consider the Policy Wording before making any decisions about a travel insurance policy.