Toursafe Alternatives Travel Application Form

1. Family Name .....

First Name (Mr/Mrs/Miss) ..... D.O.B .....

Passport Number *(applicable to Non Resident Travel Plan only)* .....

Country of Issue *(applicable to Non Resident Travel Plan only)* .....

2. Family Name .....

First Name (Mr/Mrs/Miss) ..... D.O.B .....

Passport Number *(applicable to Non Resident Travel Plan only)* .....

Country of Issue *(applicable to Non Resident Travel Plan only)* .....

Country of Residence *(applicable to Non Resident Travel Plan only)* .....

Contact Address In Australia (if non resident) or Address ..... (street)

..... (town/suburb)

..... (city/country) ..... (postcode/zip code)

Phone..... Fax ..... Mobile ..... Email .....

Dependant Children travelling with you: Name ..... D.O.B .....

Name ..... D.O.B .....

Name ..... D.O.B .....

Travel Details

Major Destination ..... Gold Coast Queensland Australia ..... Total No. of Persons.....

Departure Date ..... Return Date.....

Period of Journey ..... Days ..... Weeks ..... Months

Travel Plan *(please tick the plan you require)*

			@AUD$83.00		**Premium ($AUD)**
VFR	☐	The cost of your travel Insurance is already included in your tour cost so there is no need to fill in anything here. The application form is mainly to obtain a signature from the insured or in the case of a player, a parent or guardian	☐ Per Person	☐ Family	$ .....
BUDGET	☐		☐ Per Person		$ .....
BACKPACKER	☐		☐ Per Person		$ .....
NON RESIDENT	☒		☐ Single	☐ Family	$ .....

Rental Vehicle Excess

~~*You have the option to increase the amount of cover by payment of an extra premium of $15 for each additional $500 of excess cover required to a maximum total cover of $4,000. (Available to Non Residents Travel Plan only).*~~

Increased Cover $ ..... @$15 per $500 Additional Premium $.....

Snow Sports

Do you require cover for Snow Sports *(available Budget Travel Plan only)* ☐ Yes ☐ No $.....

TOTAL PREMIUMS*

Premium ($AUD)

$.....

Credit Card payment

*Where payment of premiums are made by credit card, additional service charges may apply and will be displayed on the Certificate of Insurance

Payment Advice: ☐ Cheque ☐ Money Order ☐ Credit Card

Credit Card: ☐ Mastercard ☐ Visa ☐ American Express

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ...../.....

Name on Credit Card ..... Signature .....

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. The insured person(s) authorise QBE Insurance or its authorised agent 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 I/we was offered insurance. 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 of Insured or Sponser ..... Date .....

Please read the accompanying Toursafe Insurance brochure for all information related to this cover