Travel Insurance

Please return by either:

Email: mail@dunkinsurance.com.au

Fax: 02 6382 7445

|  |  |
| --- | --- |
| Name:  |  |
| Number of Travellers:  |  |
| D.O.B:  |  |
| Dependent Children (0-20 Years) D.O.B:  |  |
| Single or Multi Annual Trip:  |  |
| Area of Travel:  |  |
| Country Most Time Spent In:  |  |
| Travel Start Date:  |  |
| Travel End Date:  |  |
| Number of Days:  |  |
| Trip Cost: |  |

|  |  |
| --- | --- |
| **Optional Needs** |  |
| Existing Medical/Pregnancy Conditions: *(if yes, you will need to fill out a Medical Assessment Form)* | [ ]  Yes [ ]  No |
| Increase Luggage Item Limit: | [ ]  Yes [ ]  No |
| Increase Rental Car Insurance Excess Cover:  | [ ]  Yes [ ]  No |
| Snow-skiing & Snowboarding Cover:  | [ ]  Yes [ ]  No |
| Use of a Motorcycle or Moped: | [ ]  Yes [ ]  No |