

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: |  |

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| **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 |