



**quote sheet** PLEASE FAX BACK TO **(03) 9817 2055**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**TRAVELLERS' DETAILS**

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Total Period of Travel (*No of Days/Months*): \_\_\_\_\_ No. of Persons Travelling:  Single  Double  Family

**DETAILS OF TRAVELLERS**

Name	Date of Birth	Australian Resident?	Any pre-existing medical conditions?	If yes, please provide details:
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**DISCLOSURE REQUIREMENTS**

*As part of our Financial Services license we are required to inform you of your following obligations:*

**DUTY OF DISCLOSURE**

You have a duty before entering into a contract of insurance to disclose any facts that could affect an insurer's decision to insure the risk. If you fail to comply with your duty of disclosure the insurer may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If you disclose facts fraudulently the insurer may also have the option of avoiding the contract from the beginning.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_