



# PRIVATE TRAVEL INSURANCE APPLICATION

Your Details		
		Dates of Birth
Insured Person (Authorised University member)		/ /
Spouse / Partner		/ /
Accompanying Dependent		/ /
Accompanying Dependent		/ /
Full Postal Address		
Phone Number		
Email Address		

Travel Details	
Country or Countries visiting	

Total Period of Travel		
From	/ /	leave Home in Australia
To	/ /	return to Home in Australia

Pre-Existing Medical Condition	
<b>Do you have any condition that prevents your doctor from agreeing to your travel?</b> If Yes, you will need to obtain and complete a medical declaration or cover may be affected	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

This Application should be returned to Arthur J. Gallagher

<b>Arthur J Gallagher &amp; Co (Aus) Ltd</b> <b>A.B.N. 34 005 543 920</b>	<b>PO Box 10016</b> <b>Adelaide BC SA 5000</b>
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