Overseas Extension Form

Please complete all sections CLEARLY and RETURN to Downunder Worldwide Travel Insurance by fax or post. Notification of requests must be received at least seven days before proposed date of commencement.

Full name of Principal insured _____

Full Original Certificate Number _____

Excess Waiver Option (please circle) **YES** **NO**

United Kingdom or Eire Home Address _____

_____

Postcode _____ Phone No (work) _____ (home) _____

Current overseas address (where you are at present) _____

_____

Postcode _____ Phone No (work) _____ (home) _____

Current occupation (if any) _____ D.O.B _____

Original Departure Date from UK or Eire _____ for _____ days

Have you previously applied for an extension to this insurance? (please circle appropriate answer) **YES** **NO**

Number of days / months extension required for (NB that the total trip must not exceed 550 days or in the case of Worldwide Including USA and Canada cover must not exceed 365 days) _____

Name(s) & D.O.B(s) of additional person(s) requiring extension (please note: they must have appeared on original certificate)

1 _____

2 _____

All countries to be visited during the proposed period of insurance (and duration) _____

_____

Date of return to UK or Eire _____ Flight Number _____

Please note that your agent will endorse your policy with the same extensions / endorsements as your original certificate unless otherwise stated herein. NB all pre-existing medical conditions must be declared again by calling us on 0800 393 908

Contact Details (Please advise CLEARLY how we should contact you)

Telephone Number _____ **Email** _____(including country/area code)

Person we should ask for if not yourself _____

Payment Details Visa / MC / Visa Debit / Delta / Switch / Solo **Exp / Iss No. / Valid from**_____

Name on Card _____

Sec Code (last 3 digits)

PLEASE NOTE: PAYMENT BY A CREDIT CARD INCURS A 3% SURCHARGE

Warranty At the time of requesting this insurance, the proposer warrants that all the persons to be covered are not

- travelling contrary to medical advice or to obtain medical treatment abroad;
- receiving or awaiting hospital consultation, investigation or treatment; or
- suffering from any pre existing medical conditions

Should the proposer or anyone to be covered suffer from a pre existing condition, this must be declared to and accepted by Downunder for cover. The proposer further warrants that

- no claims have been made under any original certificate (or extension thereof)
- nothing has arisen or occurred to date which will result in a claim being made

If any claims have been made or are pending, full details must be supplied. The proposer understands that the Underwriters will accept no increased liability under the policy during the period between the insurance commencing and the proposer receiving, reading and understanding his and her insurance documents. The proposer understands that this application may be subject to approval from the Underwriters. No cover is available until confirmed by the issuing agent.

Proposer on behalf of all insured persons _____

Signature _____ Date _____