



Travel Insurance Application.

Insured (1) Full Name	Date of Birth
Insured (2) Full Name	Date of Birth

Residential Address	State	Postcode
E-mail		

Phone (After Hours)	Mobile
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Departure Date	Return Date
Number of Days	Major Destinations (Cruising YES/NO)

Please provide full details of any Pre-existing Medical Conditions.

Signature.....**Date**.....

Signature.....**Date**.....

Please complete this Application in full and send to

Lion Garry Galvin
LIONS Australia Insurance Programme Consultant
PO Box 6003, Kincumber NSW 2251
Email: insurance@lions.org.au