

**LEISURE TRAVEL INSURANCE QUOTE REQUEST**

**First Insured**

**Title**

**First Name**

**Surname**

**D.O.B**

**Address**

**Telephone**

**Email**

**Travel Partner**

**Title**

**First Name**

**Surname**

**D.O.B**

**No. of Accompanying Dependant Children Under 21 Years**

**Child 1: Full Name**

**D.O.B**

**Child 2: Full Name**

**D.O.B**

**International and Australian Travel Plans**

**Departure Plans**

**Return Date**

**Destination(s)**

**Do you have an Existing Medical Condition which you require cover?**

Yes

No

**If yes, IBG Insurance Brokers shall contact you to discuss and we may require you to complete a medical form. Some existing conditions are covered automatically.**