

# Corporate Travel Proposal Form



## Important Information

### Duty of Disclosure

Before you enter into this insurance with us, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

The Act imposes a different duty the first time you enter into a contract of insurance with us to that which applies when you vary, renew, extend or reinstate the contract. This duty of disclosure applies until the contract is entered into (or renewed, varied, extended or reinstated as applicable).

#### Your Duty of Disclosure when you enter into the contract with us for the first time

If we ask you questions that are relevant to our decision to insure you and on what terms, you must be honest and tell us anything that you know and that a reasonable person in the circumstances would include in answer to the questions. It is important that you understand you are answering our questions in this way for yourself and anyone else that you want to be covered by the contract.

#### Your Duty of Disclosure when you renew the contract

Where applicable, we will tell you what your renewal duty of disclosure is prior to each renewal.

#### Your Duty of Disclosure when you vary, extend or reinstate the contract

When you vary, extend or reinstate the contract with us, your duty is to tell us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

#### What you do not need to tell us

You do not need to tell us anything that:

- + reduces the risk we insure you for; or
- + is common knowledge; or
- + we know or should know as an insurer; or
- + we have indicated we do not want to know.

#### If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Privacy

We are committed to protecting your privacy in accordance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.360uw.com.au](http://www.360uw.com.au)

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file, please ask us.

### Agent of the Insurer

In arranging this insurance, 360 Accident and Health is acting under an authority given to it by insurers, and is acting as the agent of the insurer and not as your agent.

### Further Information

If you require any further information in relation to filling out this proposal, please contact your Insurance Broker. Also, if you have any further questions or need any further information relating to your insurance, you should contact your Insurance Broker, as they are your agent for this insurance.

### General Insurance Code of Practice

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The objectives of the Code are:

- + to promote better, more informed relations between insurers and their customers;
- + to improve consumer confidence in the general insurance industry;
- + to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
- + to commit insurers and the professionals they rely upon to higher standards of customer service; and
- + to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or alternatively, you can request a brochure on the Code from us.

## General Information

Name of Insured:

Insured Persons:

Business Address:

Nature of Business:

Broker:

## Policy Information

Period of Insurance: From  To  (at 4pm AEST)

Please answer Yes or No to the following –

+ Does the Insured currently hold or has previously held any Corporate Travel Insurance Policy?

☐ Yes ☐ No

+ Has the Insured or any proposed Insured Person lodged any Travel claims in the last three (3) years?

☐ Yes ☐ No

+ Has the Insured been declined Travel Insurance in the past?

☐ Yes ☐ No

If you answered "Yes" to any of the above, please provide full details as well as Underwriters claims experience:

  
  


Is all travel white collar?

☐ Yes ☐ No

+ A white collar Journey means an Insured Person who is travelling on executive business travel for the purpose of meetings or working in an office or other professional environment.

+ Any other Journey would be considered a blue collar or technical Journey.

If no, please provide further details including trip numbers, duration, purpose of travel, to and from destinations:

  
  



## Estimated Business Journeys for the Policy Period (12 months)

One person traveling counts as one return trip

Destination	Please complete the number of trips in each duration band			
	0-14 days	15-31 days	32-90 days	91-180 days
Intrastate Journeys outside a radius of 50kms within Australia				
Interstate Journeys				
Domestic Journeys outside a radius of 50kms within Countries other than Australia				
UK/Europe				
North America (USA/Canada)				
Central/South America & Mexico				
New Zealand				
South Pacific				
Papua New Guinea				
Timor				
Africa				
Asia				
Middle East				
Worldwide				
Total				

Note: any Journeys that are in excess of 180 days duration are not covered by this policy, please contact an underwriter if cover is required.

Number of Insured Persons who may travel together in any one aircraft, vehicle, vessel or conveyance or have accommodation at one hotel (excluding conferences):

Average:

Maximum:

Is Business Travel cover required for Insured Persons attending Conferences, Expos', Incentive Trips or other trips?

☐

Yes

☐

No

If yes, please advise the following –

Dates of trip		
Location		
No. of Insured Persons attending		
Average and Maximum No. of Insured Persons travelling at any one time		
Travelling to and from where		
Will any hazardous activities be undertaken (e.g. hangliding, skydiving, sharkdiving, skiing)?		



Do you require the policy to extend to include Private Travel not connected with a business trip?

☐ Yes ☐ No

If yes, please advise the following –

Category of Insured Persons (Director, Senior Management, Employee etc)		
No. of Domestic Trips		
Average Duration (no. of days)		
No. of Overseas Trips		
Most Common Destinations		
Average Duration (no. of days)		
Will any hazardous activities be undertaken (e.g. hangliding, skydiving, sharkdiving, skiing)?		

Will the Insured be undertaking Charter/Non Scheduled Flights?

☐ Yes ☐ No

If yes, please advise the following –

Type of Aircraft	No. of flights	Average Duration	Average no. of employees any one flight	Maximum no. of employees any one flight
Helicopter Flights				
Fixed Wing Twin Engine Flights				
Fixed Wing Single Engine Flights				

What is the purpose of the flight (e.g. aerial survey, travel to mine site)?

Where are the flights to and from?

Name of the Charter Companies used:

Type of landing strip (e.g. tarmac, dirt):

Does the Policyholder own or lease aircraft?

☐ Yes ☐ No

If yes, please provide full details:

Is cover required for any Fly In Fly Out employees?

If yes, please provide full details of Roster, purpose of work, occupations, where travel to and from, mode of transport and Scope of Cover required:

☐ Yes ☐ No



## Benefits Required

### Sums Insured

Section	Example Benefit Amount per Insured Person	Other Amount (Please Specify)
Medical Expenses & Medical Evacuation	\$1,000,000	
Accidental Death & Disablement	7 times salary to a maximum of \$500,000	
Weekly Benefits – Bodily Injury	\$1,000	
Weekly Benefits – Sickness	\$1,000	
Maximum % of Salary payable	85%	
Excess Period	7 days	
Benefit Period	104 weeks	
Luggage, Personal Effects & Business Property	\$10,000	
Money	\$1,000	
Maximum % of sum insured for any one item	25%	
Electronic Equipment Excess	\$250	
Loss of Deposits, Cancellation & Curtailment	\$10,000	
Reward Points	\$2,500	
Overbooked Flight	\$2,500	
Missed Transport Connect	\$10,000	
Rental & Personal Vehicle Excess	\$2,500	
Kidnap, Ransom & Extortion	\$500,000	
Hijack & Detention	\$1,000 per day for a maximum of 30 days	
Personal Safety, Search & Rescue, Political & Natural Disaster Evacuation	\$50,000	
Extra Territorial Workers Compensation	\$1,000,000	
Weekly Benefit	\$1,000	
Personal Liability	\$5,000,000	
Alternative Employee & Resumption of Assignment	\$20,000	

Policy Limits	Example Benefit Amount per Insured Person	Other Amount (Please Specify)
Aggregate Limit of Liability	\$2,500,000	
Limit of Liability	\$1,000,000	
Sublimit of Liability	\$1,000,000	
+ Non Scheduled Flight		

# Declaration

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s). Before completing this document, I/We have read and understood the information herein, including the Important Notices. The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

I/We understand that 360 Accident and Health are relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not misstated or suppressed any material facts. I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

I/We understand that, if accepted, cover will be provided subject to terms and conditions set out in the Policy and not necessarily this proposal. I/We acknowledge that insurance has not been placed until 360 Accident and Health has confirmed acceptance of the proposed insurance.

Signature

Name

Position/Title

Date

