



CORPORATE TRAVEL APPLICATION FORM

HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

Full Name of the Insured _____

Address _____

State _____ Postcode _____

Nature of Business _____

Insured Persons _____

Broker _____

Period of Insurance From: |__|/|__|/|__| To: |__|/|__|/|__|

Corporate Travel Activity (1 person = 1 trip)

Destination	Number of Trips	Average Duration per trip (days)
Domestic		
Interstate		
Intrastate		
Overseas		
Africa		
Asia		
Middle East		
Europe		
North America		
South America		
Oceania		
Antarctica		
TOTAL		

If Intrastate, what Radius _____ (kms)

Maximum No. of Employees travelling together _____

Will the Insured be undertaking Charter/Non-Scheduled flights? **Yes** **No**



If **Yes**, please provide the following information:

Type of Aircraft	Number of Flights	Average Duration	Average Number of Employees any one flight	Maximum Number of Employees any one flight
Helicopter Flights				
Fixed Wing Twin Engine Flights				
Fixed Wing Single Engine Flights				
TOTAL				

Name of Charter Company(ies) used: _____

Where are flights to and from: _____

Purpose of flight (e.g. aerial photography, mining): _____

Type of landing strip (e.g. tarmac): _____

Is any Fly In Fly Out Cover required? **Yes** **No**

If so, provide full details of Roster, purpose of work, occupations, where travel to and from, type of aircraft used and name(s) of charter companies.

Is cover required on site or for trip to and from site only: _____

Aggregate Limit of Liability \$ _____

Claims History

Have you previously been insured for this type of risk? **Yes** **No** **If Yes, please provide any claim details**

Date of Loss, Nature of Loss, Amount _____



Benefits Required

Sums Insured (\$)

Overseas Medical and Medical Evacuation Expenses

Medical & Evacuation _____

Continuous Bed Confinement _____

Emergency Assistance

Included

Personal Accident & Sickness

Event 1 - Accidental Death _____

Events 2 - 19 _____

Weekly Injury Benefit _____

Weekly Sickness Benefit _____

Sickness Resulting in Surgery _____

Injury Resulting in Fractured Bones _____

Injury Resulting in Loss or Damage to Teeth _____

Baggage, Portable Electronic Equipment & Money

Deprivation of Baggage _____

Personal Baggage _____ Excess: _____

Money & Travel Documents _____ Excess: _____

Portable Electronic Equipment _____ Excess: _____

Travel Disruption

Loss of Deposits _____ Excess: _____

Cancellation & Curtailment _____ Excess: _____

Alternative Employee/Resumption _____ Excess: _____

Missed Transport Connection _____ Excess: _____

Overbooked Flight _____ Excess: _____

Rental Vehicle Excess Waiver

Rental Vehicle Excess Waiver _____

Kidnap, Ransom, Extortion, Hijack & Detention

Kidnap, Ransom & Extortion _____

Hijack & Detention _____

Aggregate Limit of Liability (A) \$ _____

Aggregate Limit of Liability (B) \$ _____



IMPORTANT INFORMATION

INSURER

The Insurer of Your policy are Certain Underwriters at Lloyd’s of London, who are authorised under the Insurance Act 1973 to write Australian Insurance business.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you give us to quote on and insure your risks. We only give personal information to Our Underwriters (and their representatives), Our Reinsurers (and their representatives), and people We appoint to assist us with any claims under your policy. We will not trade, sell or rent your information.

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer’s decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurers before you renew, extend, vary or reinstate a contract of general insurance.

DECLARATION

I/We hereby agree that this Declaration shall be the basis of the contract between me/us and Insurers.

Date _____ **Signature of Insured** _____