

# Corporate Travel Proposal Form

## Insured details

Name of Insured

Broker

State

- Does the Insured have Stamp Duty Exemption for this state?  Yes  No If yes, please provide proof
- Do they hold a valid ABN?  Yes  No If yes, please provide details below
- Is the entity to be insured currently insured for this risk?  Yes  No If yes, please provide details below
- Is any Insured Person domiciled outside Australia?  Yes  No If yes, please provide details below

## Business Travel (including Incidental Private Travel)

Detail the number of Journeys to be undertaken by each Covered Person; including their Accompanying Spouse/Partners and Dependent Children. (1 Journey = 1 return trip per person travelling).

**Accompanying** means travelling with or travelling separately from but with the intention to meet, depart from or continue travelling with another Covered Person who is on a Journey.

**Incidental Private Travel** means travel which is private and taken either side of or during an authorised business trip.

This does **not** include Directors and Executives Private Travel which is accounted for in the next section.

	Number of trips	Average Duration (Days)	Maximum Duration
<b>OVERSEAS</b>			
OVERSEAS - Africa			
OVERSEAS - Asia Pacific			
OVERSEAS - Middle East			
OVERSEAS - Central & South America			
OVERSEAS - USA/Canada			
OVERSEAS - Rest of World			
<b>DOMESTIC</b>			
Interstate			
Interstate			

- Is cover required for Fly In Fly Out employees?  Yes  No
- Is there any manual work involved?  Yes  No If yes, please provide details below

## Private Leisure Travel (Directors and Executives)

**Directors and Executives Private Travel** means non-business-related travel beyond the travel radius stipulated in the Schedule with respect to the Policyholder's company directors (executive and non executive), chief financial officer, chief executive officer, chief operating officer, company secretary, general manager and their Accompanying Spouse/Partner and/or Dependent Child(ren), provided that the travel involves an aerial flight or overnight stay.

Accompanying means travelling with or travelling separately from but with the intention to meet, depart from or continue travelling with another Covered Person who is on a Journey.

Detail the number of Journeys to be undertaken by each Covered Person; including their Accompanying Spouse/Partners and Dependent Children. (1 Journey = 1 return trip per person travelling).

	Number of trips	Average Duration (Days)	Maximum Duration
OVERSEAS			
OVERSEAS - Africa			
OVERSEAS - Asia Pacific			
OVERSEAS - Middle East			
OVERSEAS - Central & South America			
OVERSEAS - USA/Canada			
OVERSEAS - Rest of World			
DOMESTIC			
Interstate			
Interstate			

## Cruises

Will any of the Insured Persons be taking a cruise during the next 12 months?  Yes  No

If yes, please provide more information including the company, total cost, duration and cruise locations below

## Sporting Activities or Hazardous Pursuits

Are there any hazardous or sporting activities involved?  Yes  No If yes, please provide details below

## Non-Scheduled Flights<sup>^</sup> and/or Piloting Cover

### Non-Scheduled flights<sup>^</sup>

Detail the number of flights to be undertaken.

Is cover required for piloting of an aircraft? If you have answered Yes, please complete the supplementary questionnaire (Piloting Cover Application).

Yes  No

	Number of Flights	Average Number of Insured Person (per Flight)	Maximum Number of Insured Persons (per Flight)	Origin(s) and Destination(s)	Average Flight Hours (per Flight)
OVERSEAS					
Single Engine					
Twin Engine					
Helicopter					
DOMESTIC					
Single Engine					
Twin Engine					
Helicopter					

<sup>^</sup>**Non-Scheduled Flight(s)** means travel in an aircraft whose flights are not conducted in accordance with fixed flying schedules, over specific air routes, to and from fixed terminals

## Events and Conferences

Will any of the Insured Persons be travelling together throughout the year to attend any events or conferences?

Yes  No If yes, please provide the below details. Kindly note this information will be required before Zurich can quote a premium

Location	Type	Dates	Number of persons attending	Maximum number of Insured Persons travelling together in one conveyance at any one time

## Declarations

Has the entity to be insured:

Ever had insurance refused, cancelled, declined or had special conditions imposed?  Yes  No If yes, please provide details below

Any incurred claims over the past 3 years?  Yes  No If yes, please provide details below

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## Additional information

Please provide details of anything further that might be relevant to this risk.

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## Declaration

Once form is completed: sign, date and return the form to your intermediary.

Signature of insured

Date

**X**

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## Duty of Disclosure

For insureds who are not a natural person, before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

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 waive your duty to tell us about.

### Individuals

If you are the insured and you are a natural person, a different duty of disclosure to the one set out above applies to you. Contact your intermediary or us to ensure you are notified of your duty.

### If You Do Not Tell Us Something

If you do not tell us anything you are required to, 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

Zurich is bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. If you give us information about another person (such as an insured person, their spouse, dependent children, or close family member), we will rely on you to have told them that you will provide their information to us and to have provided them with this privacy text. If the information is sensitive (eg health) information, we will rely on you to have obtained their consent to give the information to us. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984 (Cth), Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Corporations Act 2001 (Cth), Autonomous Sanctions Act 2011 (Cth), A New Tax System (Goods and Services Tax) Act 1999 (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

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