



**ZURICH**<sup>®</sup>

# Corporate Travel Insurance

## Proposal form

### Completing the Proposal form

1. This application must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms proposer, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this proposal.
4. The terms insured and subsidiaries have the same meaning in this proposal form as in the policy.

### 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. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984, Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New Tax System (Goods and Services Tax) Act 1999 and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at [www.zurich.com.au](http://www.zurich.com.au) or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

Please enter the following details in order for us to provide you with a quote.

## 1 General information

Insured

ABN

Business address

State

Postcode

## 2 Policy information

Period of insurance: From / / To / /

Does the Insured currently have a Corporate Travel Insurance Policy? (please tick)

Yes ☐ No ☐

Insured persons:

☐ All directors, employees, contractors and consultants of the Insured including their accompanying spouse/partner and dependent children.

☐ Other (please detail)

Cover required:

☐ All business travel, overseas and outside; ☐ 50km or ☐ 100km

☐ Interstate and overseas only

☐ Overseas only

## 3 Travel details (please note 1 trip = 1 person travelling)

	Overseas		Interstate		Intrastate	
	No. of individual trips	Average duration	No. of individual trips	Average duration	No. of individual trips	Average duration
Directors – Employees						
Spouses/Partners						
Dependent children						
Others						

Usual travel destinations

Will you be travelling to any of the following countries: Afghanistan, Chechnya, Iraq, North Korea or Somalia?

Yes ☐ No ☐

If 'Yes', please answer the rest of the questions on this page.

If 'No', please proceed to page 2 of this form.

Number of trips

Number of travellers

Average duration

Purpose of travel

### 3 Travel details (continued)

Do you anticipate any of your Insured Persons flying as a passenger in a light aircraft/helicopter?

Yes ☐ No ☐

If 'Yes', please answer the rest of the questions in this section.

If 'No', please proceed to section 4 of the form.

Please provide the following details:

Anticipated number of Chartered/Unscheduled flights in (i) single engine aircraft

(ii) twin engine aircraft

(iii) helicopter

Number of persons likely to travel together in Chartered/Unscheduled flights

What is the purpose of the flight?

What are the likely destinations?

Does the Policyholder own or lease aircraft? Yes ☐ No ☐ If 'Yes', please provide details

### 4 Previous claims history

Has the Insured had any claims relating to travel insurance? Yes ☐ No ☐ If 'Yes', please provide details

(Note: If not enough space to list, please attach another page with details, or provide previous insurer's claims experience)

### 5 Cover required

Benefit	Plan Option 1 <input type="radio"/>	Plan Option 2 <input type="radio"/>	Other <input type="radio"/> (please specify)
1 Zurich Assist	Unlimited	Unlimited	
2 Overseas Medical Expenses	Unlimited	Unlimited	
3 Personal Accident & Sickness Death & Capital Benefits  *Event 1 – Accidental Death is limited to \$25,000 for any Insured Person aged under 18 years or 90 years and above.	\$250,000	7 x annual salary to a maximum of \$500,000  Accompanying Spouse/ Partner and Dependant Children \$250,000*	
Weekly Injury Benefits (85% of Salary to)	\$1,000 per week	\$2,000 per week	\$
Benefit Period ( 7 day excess)	156 weeks	156 weeks	
4 Travel Disruption			
(a) Loss of Deposits	\$10,000	\$10,000	\$
(b) Cancellation & Curtailment	Unlimited	Unlimited	
(c) Alternative Employee / Resumption of Journey	\$10,000	\$20,000	\$
(d) Missed Transport Connection	\$5,000	\$10,000	\$

**5 Cover required (continued)**

Benefit	Plan Option 1	Plan Option 2	Other (please specify)
5 Baggage	\$10,000	\$10,000	\$
Electronic Equipment	\$5,000	\$5,000	\$
Money or Travel Documents	\$2,500	\$5,000	\$
6 Political Unrest and Natural Disaster Evacuation	\$15,000	\$20,000	\$
7 Vehicle Excess Waiver	\$2,500	\$5,000	\$
8 Personal Liability	\$5,000,000	\$10,000,000	\$
9 Kidnap & Ransom	\$250,000	\$500,000	\$
10 Extra Territorial Workers Compensation			
Limit (a) Weekly Benefit	\$500	\$1,000	\$
Limit (b) Common Law	\$500,000	\$1,000,000	\$
Aggregate Limit of Liability			
Any one Period of Insurance	\$1,000,000	\$2,000,000	\$
Non-scheduled travel	\$250,000	\$500,000	\$

**6 Broker information**

Broker

Broker contact

Phone

Contact email address

Zurich Broker Manager (if known)

**7 Declaration**

The Policyholder declares that:

I/We hereby agree that this Declaration and Proposal together with any statements made in connection herewith to be insured are true and correct in every respect.

Signature of Policyholder or Authorised Representative

Date

X

/ /