
Corporate Travel Insurance

PROPOSAL FORM

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Liberty
Specialty Markets

Important Notices

Duty of Disclosure

Before you enter into an insurance contract with **us**, **you** have a duty of disclosure under section 21 of the Insurance Contracts Act 1984 (Cth), to disclose to us every matter that **you** know, or could reasonably be expected to know, is relevant to **our** decision whether to accept this insurance risk and if so, on what terms. This duty of disclosure applies until the commencement of the **policy**.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance. Your duty however does not require disclosure of any matter:

- ▶ that diminishes the risk to be undertaken by **us**;
- ▶ that is of common knowledge;
- ▶ that **we** know or should know in the ordinary course of the insurance business; or
- ▶ where **we** waive **your** duty of disclosure.

If you fail to comply with your duty of disclosure, we may be entitled to reduce the amount we would pay you if you make a claim, cancel your insurance contract, or both.

If your non-disclosure is fraudulent, we may refuse to pay your claim and treat the contract as if it never existed.

HOW TO FILL OUT THIS FORM

Please ensure you answer all questions. Any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured Organisation or Company

Address of Insured

Nature of Business

Period of Cover From To

Category	Insured Persons
1	All directors, employees, contractors, consultants of the Insured including accompanying spouse/ partner and dependent children. Nominated Persons – Please describe
2	Other – Please describe

Will any person requiring cover under this policy be over the age of 70? If Yes, please attach details Yes No

Travel Details	Number of Trips	Average Duration	Days/Weeks	Percentage of Travel to North America
International Business Travel				
International Leisure Travel				
Domestic Business Travel				NA
Domestic Leisure Travel				NA

Trip Radius 50km 100km 150km

Will there be any travel to Afghanistan, Nigeria, Pakistan, Somalia, Sudan, Syria, Yemen, Iran, Iraq, North Korea, Chechnya or Venezuela? Yes No

If Yes, please provide full details:

Number of trips	Average duration	Number of people travelling together

Please attach details of the security precautions for trips to these countries

Is cover required for any travel, whether internationally or domestically, where the travel originates from/in any country other than those detailed below: Yes No

Australia, New Zealand, United Kingdom, Singapore, Hong Kong

If Yes, please provide info

Notes:

- 2 persons traveling together on 1 journey = 2 trips
- Leisure attached to a business trip does not have to be declared separately. However all leisure travel without a business component must be declared in the applicable Leisure box above

Will any insured person be taking part in any of the following hazardous activities?

Racing, other than on foot	Yes	No
Hang gliding	Yes	No
Off-piste snow skiing or snowboarding	Yes	No
BASE jumping	Yes	No
Motocross	Yes	No
Freestyle BMX riding	Yes	No
Professional sports	Yes	No
Mountaineering or rock climbing using ropes, rock climbing equipment or oxygen	Yes	No
Scuba diving, unless they hold an Open Water Diving Certificate	Yes	No
Manual work	Yes	No

If you answered Yes to any of the above, please provide full details:

Have you previously been insured for this type of insurance? Yes No
 If Yes, with whom?

Have you ever had any losses for this type of insurance, regardless of whether you were insured or not? Yes No
 If Yes, please provide details:

Date of loss	Details of the loss	Amount (\$)

If you have additional losses, please attach a full listing from your previous insurer(s).

Section	Benefit	Other
1 Overseas Medical Expenses and Evacuation	Unlimited	
2 Liberty Global Emergency Assistance	Included	
3 Cancellation and Curtailment	Unlimited	
Loss of Deposits	Unlimited	
Alternative Employee/Resumption of Journey	\$20,000	
Missed Transport Connection	\$10,000	

Section (continue)		Benefit	Other
4	Baggage	\$15,000	
	Electronic Equipment	\$7,500	
	Money and Travel Documents	\$5,000	
	Excess – Section 4 only	\$250	
5	Part A – Death and Capital Benefits – Employees	7 x salary up to	\$250,000
	Part A – Death and Capital Benefits – Accompanying Spouse or Partner		\$250,000*
	*Death Benefit – Event 1 limited to \$25,000 in respect of Dependent Children		
	Part B – Fractured Bones	As per Policy up to	\$5000
	Part C – Loss of Income – Weekly Injury Benefit	85% of salary up to	\$1,500
		Benefit Period	156 weeks
		Excess Period	7 Days
	Part D – Loss of Income – Weekly Sickness Benefit	85% of salary up to	\$1,500
		Benefit Period	156 weeks
		Excess Period	7 Days
	Part E – Injury – Surgical Benefits Overseas	As per Policy up to	\$20,000 any one claim
	Part F – Sickness – Surgical Benefits Overseas	As per Policy up to	\$20,000 any one claim
	Part G – Dental Injury	Total loss of tooth	\$500 per tooth up to a maximum of \$10,000 any one claim
		Chipping of tooth	\$250 per tooth up to a maximum of \$5,000 any one claim
6	Rental Vehicle Excess	\$5,000	
7	Personal Liability	\$10,000,000	
8	Political Unrest and Natural Disaster Evacuation	\$25,000	
9	Kidnap, Ransom and Extortion	\$500,000	
10	Extra Territorial Workers' Compensation	Weekly Benefit	\$1,500
		Common Law	\$1,000,000
11	Hijack, Detention and Legal Costs	Daily Benefit	\$2,000
		Max Days	45
		Legal Costs	\$50,000
12	Worldwide Search and Rescue	Any One Claim	\$50,000
13	Additional Benefits	Included	
	Aggregate Limits of Liability:		
5	Personal Accident and Sickness	Any One Occurrence	\$5,000,000
		Non Scheduled Flying	\$500,000

Section (continue)		Benefit	Other
9	Kidnap, Ransom and Extortion	\$1,000,000	
10	Extra Territorial Workers Compensation	\$1,000,000	
12	Worldwide Search and Rescue	Any one Policy Period	\$100,000
All	War/Civil War	Any one event	\$100,000
		Any one Policy Period	\$500,000

Conference Details:

Is cover required for any conferences? (where more than 5 persons are travelling together to one conference) Yes No

If Yes, please provide details:

Conference dates	From	To
Conference Location		
Number of People Attending		
Ground Aggregate Limit Required	Flight Aggregate Limit Required	
Number or People on Flight	Number of People on Ground Transport	
Add more details as required		

If you have requested an increase for non-scheduled flying, please complete the following:

Type of Aircraft	Number of Return Flights	Average Duration	Average Number of Employees any one flight	Maximum Number of Employees any one flight
Helicopter Flights – Overseas				
Fixed Wing Twin Engine Flights – Overseas				
Fixed Wing Single Engine Flights – Overseas				
Helicopter Flights – Australia				
Fixed Wing Twin Engine Flights – Australia				
Fixed Wing Single Engine Flights – Australia				
Helicopters – Oil Rigs				
TOTAL				

Where are flights to and from and detail type of tarmac:	To	From	Tarmac

Does this include Fly in/Fly out? Yes No

Provide separate details of rosters, number of persons, number of trips, destinations and duration

DECLARATION

I, _____, the undersigned, declare and acknowledge as agent of the Insured:

1. I am authorised as agent of the Insured to complete this proposal;
2. that after enquiry of the Insured, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, are true and correct and that until a contract of insurance is entered into, the Insured is aware that it is obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;
3. that after enquiry of the Insured, the Insured understands Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
4. that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
5. that after enquiry of the Insured, the Insured have read and understood the Important Notices which form part of this proposal; and
6. that we understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty, if any.

Signature

Date

Name (please print)

Privacy Notice

We are bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when we collect and handle your personal information. This notice provides some key information about our privacy practices in relation to personal information. For full details, please see our privacy policy.

We collect personal information in order to provide our services and products, manage claims and for purposes ancillary to our business. We may collect, use and disclose your personal information for those purposes. Your personal information may include sensitive information such as information or opinion about your health and/or medical records. Personal information is in some circumstances collected from third parties, such as health providers and insurance brokers.

We may disclose personal information to third parties involved in this process such as our related companies, reinsurers, agents, loss adjusters, health providers and other service providers.

We may store your information with third party cloud or other types of networked or electronic storage providers.

Third party providers may be located overseas including in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia.

Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide all of the personal information Liberty or other relevant third parties require to offer or provide you with specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at:

Address: Locked Bag 18, Royal Exchange, Sydney NSW 1225, Australia
 Email: privacy.officer.ap@libertyglobalgroup.com

To obtain a copy of Liberty's privacy policy go to Liberty's website (libertyspecialtymarkets.com.au) or request a copy from Liberty's Privacy Officer at the above email or postal address.