

Corporate Travel Insurance

Help with completing this proposal form

- » This application must be completed in full including all required attachments.
- » If more space is needed, please attach a separate sheet with the required information.
- » The term 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.
- » The term Insured and subsidiary shall have the same meaning in this proposal from as in the policy.

Your 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 which You know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. 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 a matter:

- » that diminishes the risk to be undertaken by Us;
- » that is common knowledge;
- » that We should know, or in the ordinary course of business as an insurer, should know;
- » as to which compliance with your duty is waived by Us.

If you fail to comply with your duty of disclosure, We may be entitled, without prejudice to any other rights, to reduce our liability under the contract in respect of a claim, or We may cancel the contract. We may also have the option of avoiding the contract from the beginning.

Privacy

Chase Underwriting Pty Ltd is committed to protecting the privacy of the personal information You provide Us. Chase Underwriting Pty Ltd collects, uses and retains Your personal information in accordance with the National Privacy Principles.

We need to collect the personal information on the applicable proposal form to consider Your application for insurance and to determine the premium (if Your application is accepted) when You are applying for, changing or renewing an insurance policy with Us. This information will also be used if You lodge a claim under Your policy. We may also need to request additional information from You in connection with your application or a claim. If You do not provide Us with this information, or any additional information We request, We may not be able to process Your application or offer You insurance cover or respond to any claim.

We may disclose the personal information we collect:

- To our relevant employees involved in delivering our services;
- If Your insurance broker collects this form from You, to that broker;
- To facilitators such as legal firms, professional experts such as accountants, actuaries, engineers and technology experts;
- To the insurance companies with whom we transact business;
- To the Lloyd's Syndicates we represent (which are located in the United Kingdom);
- To insurance reference bureau or credit reference bureau;
- To reinsurers or reinsurance brokers (which may include reinsurers located outside of Australia).

Where we do disclose the information as above the recipient may hold the information in accordance with its own privacy statement/policies. Those may include, by way of example, disclosing the information to and storage of that information by its associated entities which may be located overseas. We may also be required to provide Your personal information to others for purposes of public safety and law enforcement and if required by law or by a law enforcement body to do so.

You may request access to Your personal information, and where necessary, correct any errors in this information (some restrictions and costs may apply). If You would like to access a copy of Your personal information or You wish to correct or update Your personal information, please contact us on privacy@chaseunderwriting.com.au.

This proposal form DOES NOT bind the Proposer to complete the insurance but will form part of any insurance.

DETAILS OF THE PROPOSER			
Name of Insured		ABN	
Business Address			
Description of Business			

POLICY INFORMATION				
Period of Insurance	From		To	
				at 4 p.m. AEST
Insured Persons				
All directors/board members, employees, contractors and consultants of the Insured including their accompanying spouse/partner and dependent children.			Yes	No
Other persons to be insured			Yes	No
If YES, please provide details				

TRAVEL DETAILS					
(1 trip = 1 person travelling)					
Overseas*		Interstate		Intrastate	
No. of individual trips	Average duration (days)	No. of individual trips	Average duration (days)	No. of individual trips	Average duration (days)

*This policy excludes travel to North Korea, Iran and Cuba

Are there any circumstances with which the Insurer should be made aware of in order to properly estimate risk? For example do you partake any any hazardous sports or duties undertaken at work (such as martial arts, quad bike riding, heavy lifting or working from heights)?				Yes	No
If YES please provide details					
Do you anticipate any of your Insured Persons flying as a passenger in a light aircraft/helicopter?				Yes	No
If YES please provide details					

COVER REQUIRED									
Benefit	Option 1 – Plan A	Option 2 – Plan B	Other (please specify your required sums insured)						
	MAX of 5 overseas & 25 inter/ intra state trips	MAX of 10 overseas & 50 inter/ intra state trips							
	Up to 7 days overseas and/or 2 days inter/intrastate	Up to 14 days overseas and/or 5 days inter/intrastate							
SECTION 1 - Overseas medical and medical evacuation expenses									
Overseas Medical and Repatriation (Emergency Services included)	\$25,000,000	\$25,000,000	\$						
Bed Confinement	\$50 per day for a max. of 30 days	\$100 per day for a max. of 60 days	<table border="1"> <tr> <td>\$</td> <td></td> <td>per day for a</td> </tr> <tr> <td>maximum of</td> <td></td> <td>days</td> </tr> </table>	\$		per day for a	maximum of		days
\$		per day for a							
maximum of		days							

SECTION 2 – Emergency Assistance			
Fullerton Emergency Assistance	Included	Included	Included

SECTION 3 – Personal Accident and Sickness			
Part A - Lump Sum Benefits			
Accidental Death	\$100,000	\$250,000	\$
Capital Benefit	\$100,000	\$150,000	\$
Part B - Weekly injury Benefit (85% of salary)	\$1,000 (7 day excess)	\$2,000 (7 day excess)	\$
Benefit Period	104 weeks	104 weeks	weeks
Part C - Injury Resulting in Surgery	Not available	\$10,000	\$
Part D - Weekly Sickness Benefit (85% of salary)	\$1,000 (7 day excess)	\$1,500 (7 day excess)	\$
Benefit Period	104 weeks	104 weeks	weeks
Part E - Sickness Resulting in Surgery	Not available	\$10,000	\$
Part F - Injury Resulting in Fractured Bones	\$2,000	\$3,000	\$
Part G - Injury Resulting in Loss or Damage to Teeth	\$1,000	\$2,000	\$

SECTION 4 – Baggage, Portable Electronic Equipment & Money			
Deprivation of Baggage	\$20,000	\$30,000	\$
Personal Baggage	\$10,000	\$15,000	\$
Personal Money and Documents	\$3,000	\$5,000	\$
Portable Electronic Equipment	\$10,000	\$15,000	\$
Excess	\$250	\$250	\$

SECTION 5 – Travel Disruption			
Alternative Employee/ Resumption of Assignment	\$5,000	\$10,000	\$
Cancellation and Curtailment	\$250,000	\$500,000	\$
Loss of Deposits	\$10,000	\$20,000	\$
Missed Transport	\$5,000	\$10,000	\$
Overbooked Flight	\$2,500	\$2,500	\$

Section 6 – Rental Vehicle Excess Waiver	\$2,500	\$5,000	\$
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SECTION 7 – Kidnap, Ransom, Extortion, Hijack & Detention									
Kidnap, Ransom & Extortion	\$250,000	\$500,000	\$						
Hijack & Detention	\$50 per day for a max. of 30 days	\$100 per day for a max. of 60 days	<table border="1"> <tr> <td>\$</td> <td></td> <td>per day for a</td> </tr> <tr> <td>maximum of</td> <td></td> <td>days</td> </tr> </table>	\$		per day for a	maximum of		days
\$		per day for a							
maximum of		days							

SECTION 8 – Personal liability	\$5,000,000	\$10,000,000	\$
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SECTION 9 – Extra Territorial Workers Compensation			
Weekly Compensation (A)	\$1,000	\$2,000	\$
Total Limit of liability Any One Event (B)	\$1,000,000	\$1,000,000	\$
Aggregate limit of liability per period of insurance (C)	\$1,000,000	\$2,000,000	\$

SECTION 10 – Political Unrest & Natural Disaster	\$10,000	\$25,000	\$
Aggregate limit of liability	\$100,000	\$250,000	\$

Section 11 – Search & Rescue Expenses	\$20,000	\$20,000	\$
Aggregate Limit of Liability (A)	\$2,000,000	\$5,000,000	\$
Aggregate Limit of Liability (B)	\$200,000	\$500,000	\$

*Standard Excess and Benefit Periods. Other periods available on application

PREVIOUS INSURANCE HISTORY				
Does the insured currently have a corporate travel insurance policy?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, with whom and has there been continuous cover in place for the last five years?				
Has the Insured had any claims for travel insurance in the last five years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES, please provide details including Date of Loss, Nature of Loss and Amount claimed				

DECLARATION	
I /We the undersigned duly authorised person(s) declare that:	
<ul style="list-style-type: none"> a. The above statements are correct, true and complete; and b. No information material to this Proposal Form has been withheld; and c. I/we accept the terms, exclusions, conditions and limitations of the associated Chase Underwriting Corporate Travel Product Disclosure Statement 	
Signature of Insured or Authorised Representative	
Name	Date

Chase Underwriting Accident and Health Division

Level 1, 68 Clarke Street, Southbank VIC 3006
 T 07 3184 5382
 E accidentandhealth@chaseunderwriting.com.au

About Chase Underwriting Pty Ltd

This insurance is issued by Chase Underwriting Pty Ltd (AFSL number 454344) acting under an arrangement as an agent of Certain Underwriters at Lloyds. Chase acts on behalf of and in the interest of Certain Underwriters at Lloyds.

Only the cover selected at the time of purchase and specified in the Policy Schedule are included. All cover is subject to the terms, limitations, conditions and exclusion of the Policy Wording.

