



# Corporate Travel

**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.

## Your Details:

Full Name of the Insured

Address

State

Postcode

ABN

Nature of Business

Business names / subsidiaries to be covered under this policy

Brokerage (if applicable)

## Period of insurance

From:

To:

## Claims History

Have you previously been insured for this type of risk?

Yes

No

If Yes, please give any claim details and attach an up to date claims experience

Date of Loss, Nature of Loss, Amount

**Business Travel Declaration:**

STANDARD INSURED PERSONS: All directors and employees, including their accompanying partner and dependent children.

Additional Insured Persons for Business Travel: e.g. contractors or consultants

**Corporate Travel activity estimates (1 Insured Person travelling = 1 return trip)**  
 e.g. a director and 4 employees travelling together on the same trip = 5 trips

If Charter Flights or Fly-in, Fly-out cover is required, please declare these trip estimates under Page 4.

Destination / Type	White Collar Travel (i.e. Office / On-site Supervisory)			Blue Collar Travel (i.e. Manual Labour / Tradesperson)		
	Total Number of Trips	Average Duration (days)	Maximum Duration (days)	Total Number of Trips	Average Duration (days)	Maximum Duration (days)
<b>Domestic</b>						
Interstate						
Intrastate						
Domestic - Overseas						
<b>Overseas</b>						
Africa						
Asia						
Europe & UK						
Middle East						
North America & Canada						
NZ & Pacific Islands						
South & Central America						

\*for trips involving multiple travel destinations please select the destination with the longest duration of stay

Maximum number of Insured Persons travelling together on a Business Trip

If Blue Collar travel has been declared above, please provide details

Will any Insured Persons be travelling to remote or high risk locations that the Australian Government recommends travellers to not travel? Yes      No  
 If yes, please provide details:

Will any Insured Persons be engaging in activities including sports? Yes      No  
 If yes, please provide details:

**Leisure Travel Declaration:**

STANDARD INSURED PERSONS: All directors of the insured, including their accompanying partner and dependent children.

**Additional Insured Persons for Travel**

Business Title / Relationship to the Insured	Name (if not employee)	DOB (if not employee)

**Leisure Travel activity estimates (1 Insured Person travelling = 1 return trip).**  
 e.g. director and accompanying partner and dependent child travelling together = 3 trips

Destination / Type	Standalone Private Leisure Travel (include trips for Standard and Nominated Insured Persons)		
	Total Number of Trips	Average Duration (days)	Maximum Duration (days)
<b>Domestic</b>			
Interstate			
Intrastate			
Domestic - Overseas			
<b>Overseas</b>			
Africa			
Asia			
Europe & UK			
Middle East			
North America & Canada			
Oceania & NZ			
South & Central America			

\*for trips involving multiple travel destinations please select the destination with the longest duration of stay

**Maximum number of Insured Persons travelling together**

Whilst on leisure travel, will any Insured Persons be engaging in activities including sports? If yes, please provide details: Yes      No

Whilst on leisure travel, will any Insured Persons be travelling to remote or high risk locations that the Australian Government recommends travellers to not travel? If yes, please provide details: Yes      No

Whilst on leisure travel, will any Insured Persons be undertaking any charter/unscheduled flights? If yes, please provide details: Yes      No

### Charter / Unscheduled Flights

Charter / Unscheduled Flights	Number of Flights	Average number of Insured Persons any one flight	Maximum number of Insured Persons any one flight	Typical Locations
Domestic fixed-wing single engine				
Domestic fixed-wing twin engine				
Domestic Helicopter				
International fixed-wing single engine				
International fixed-wing twin engine				
International Helicopter				

\*A declared charter / unscheduled flight = 1 take-off and landing

Are any Charter / Unscheduled flights to offshore platforms, vessels or rigs? Yes No

### Fly In, Fly Out (FIFO) Travel

Fly in, fly out (FIFO) travel is considered to be travel by any mode of transport, conducted in accordance with a pre-determined work roster which includes an overnight stay at their destination.

FIFO estimates (1 Insured Person travelling = 1 return trip)  
e.g. 4 employees travelling together on the same trip = 4 trips

Scope of Cover required 24/7 cover 24/7 excluding On-site

Destination / Type	White Collar Travel (i.e. Office / On-site Supervisory)			Blue Collar Travel (i.e. Manual Labour / Tradesperson)		
	Total Number of Trips	Average Duration (days)	Maximum Duration (days)	Total Number of Trips	Average Duration (days)	Maximum Duration (days)
<b>Domestic</b>						
Interstate						
Intrastate						
Domestic - Overseas						
<b>Overseas</b>						
Africa						
Asia						
Europe & UK						
Middle East						
North America & Canada						
Oceania & NZ						
South & Central America						

\*for trips involving multiple travel destinations please select the destination with the longest duration of stay

Maximum number of Insured Persons travelling together on a FIFO Trip

Will any Insured Persons be travelling to remote or high risk locations that the Australian Government recommends travellers to not travel? Yes No  
If yes, please provide details:



DECLARATION FORM

Corporate Travel

Benefit	Suggested amount	Other amount
Death and Capital Benefits	\$250,000	\$
Weekly Injury Benefits	\$2,000	\$
Weekly Sickness Benefits	\$2,000	\$
Broken / Fractured Bones Benefits	\$5,000	\$
Accidental HIV Infection Lump Sum Benefit	\$10,000	
Childcare Benefit	\$5,000	
Coma Benefit	\$100 per day up to a maximum of 180 days	
Corporate Image Protection Benefit	\$15,000	
Dependent Child Supplement Benefit	\$10,000 up to a maximum of \$30,000	
Driver Services Benefit	\$5,000	
Education Fund Benefit	\$7,500 up to a maximum of \$22,500	
Family Accommodation and Transport Expenses Benefit	\$2,000	
Financial Advice Benefit	\$10,000	
Home and Vehicle Modification Benefit	\$10,000	
Orphaned Benefit	\$10,000 up to a maximum of \$30,000	
Partner Accidental Death Benefit	\$30,000	
Partner Employment Training Benefit	\$15,000	
Retraining and Rehabilitation Expenses Benefit	\$5,000	
Unexpired Membership Benefit	\$1,000	
Medical and Medical Evacuation Expenses	Unlimited	\$
Hospitalisation Overseas Expenses Benefit	\$200 per day up to a maximum of 30 days	
Additional and/or Forfeited Expenses	\$100,000	\$
Corporate Event Benefit	\$5,000	
Hijack Benefit	\$1,000 per day up to a maximum of 30 days	
Illegal Detention Benefit	\$500 per day up to a maximum of 30 days	
Legal Expenses	\$50,000	
Missed Transport Connection	\$10,000	
Overbooked Flight Benefit	\$2,500	
Pet Boarding Expenses Benefit	\$2,500	
Repatriation of Mortal Remains / Funeral Expenses	\$10,000	
Trauma Counselling Benefit	\$10,000	
Loss of Deposits and Cancellation Expenses	\$20,000	\$
Baggage Benefit	\$10,000	\$
Data Connection Benefit	\$2,000	
Data Recovery Benefit	\$5,000	

Benefit	Suggested amount	Other amount
Delayed Baggage	\$5,000	
Electronic Equipment	\$5,000 (\$250 Excess)	\$
Identity Theft Extension Benefit	\$20,000	
Lost Keys and Locks	\$2,000	
Money Benefit	\$5,000	\$
Repatriation of Belongings Benefit	\$2,500	
Kidnap, Detention, Extortion and Ransom	\$2,000,000	\$
Extra Territorial Workers Compensation	\$2,000,000	\$
Hire Vehicle Excess Benefit	\$5,000	\$
Private Vehicle Excess Benefit	\$5,000	\$
Towing and Roadside Assistance Expenses	\$5,000	
Alternative Employee / Resumption of Journey	\$10,000	\$
Personal Liability	\$10,000,000	\$
Political Risk, Natural Disaster and Personal Safety	\$25,000	\$
Accommodation Expenses	\$500 per day up to a maximum of 14 days	
Search and Rescue Expenses	\$20,000	
Life Insurance	\$50,000	
Financial Collapse Benefit	\$25,000	
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<b>Aggregate Limit of Liability</b>	\$1,000,000.00	\$
<b>Aggregate Limit of Liability per Event for Charter/Non-scheduled flights</b>	\$1,000,000.00	\$
<b>Aggregate Limit of Liability for Nuclear, Biological &amp; Chemical Terrorism</b>	\$1,000,000.00	\$
<b>Maximum Age Limit</b>	85 years	
<b>Currency</b>	AUD	
<b>Corporate Travel Radius</b>	100km	
<b>Leisure Travel Radius</b>	500km	

**Important information****Privacy**

I/we agree that, by submitting this form, the personal information I/we provide to Accident & Health International Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the [AHI] Privacy Policy found at [ahiinsurance.com.au](http://ahiinsurance.com.au), including for the processing of this application and providing me/us with cover.

**General Insurance Code of Practice**

AHI proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

**Renewal Procedure**

Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

**Declaration:**

I/WE HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I/We have not withheld any information within My/Our knowledge likely to affect the decision of the Company as to My/Our eligibility for Insurance. This application and declaration shall be the basis of the contract between the Company and Myself/Ourselves and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

Signature of Insured

Date