



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)
Domestic						
Interstate						
Intrastate						
Domestic - Overseas						
Overseas						
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)
Domestic			
Interstate			
Intrastate			
Domestic - Overseas			
Overseas			
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)
Domestic						
Interstate						
Intrastate						
Domestic - Overseas						
Overseas						
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:

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, 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.

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