# Corporate Travel Insurance

# PROPOSAL FORM

# Important Notices

PLEASE READ THE FOLLOWING NOTICES BEFORE COMPLETING THIS PROPOSAL FORM.

## 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.

## Duty of disclosure

Before You enter into an insurance contract, You have a duty to tell the insurer anything that You know, or could reasonably be expected to know, may affect their decision to insure You and on what terms. You have this duty until they 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 the insurer anything that:

* reduces the risk they insure You for;
* is common knowledge;
* they know or should know as an insurer; or
* they waive Your duty to tell them about.

If You do not tell Us something 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.

## Your duty to take reasonable care not to make a misrepresentation to an Insurer

Before You enter into a contract of general insurance with Us, You have a duty, under the *Insurance Contracts Act 1984* (Cth) to take reasonable care not to make a misrepresentation to Us and to disclose to Us every matter which You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to take reasonable care not to make a misrepresentation and 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 know, or in the ordinary course of business as an insurer, should know; or
* as to which compliance with Your duty is waived by Us.

Everyone who is insured under this Policy must comply with the duty to take reasonable care not to make a misrepresentation to Us. If You provide information about an Insured Person, You do this on their behalf.

If You (or they) don’t comply with the duty to take reasonable care not to make a misrepresentation to Us, We may reduce the amount of any claim and/or cancel Your Policy. If fraud is involved, We may treat Your Policy as if it never existed.

## General Insurance Code of Practice

We 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.

The objectives of the Code are:

* to promote better, more informed relations between insurers and their customers;
* to improve consumer confidence in the general insurance industry;
* to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
* to commit insurers and the professionals they rely upon to higher standards of customer service; and
* to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or alternatively, you can request a brochure on the Code from us.

## Utmost Good Faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act towards each other with the utmost good faith. Failure to do so in your part may prejudice any claim and/ or the circumstances of the insurance contract.

## Change of risk or circumstances

The terms and conditions of any insurance policy offered by the Insurer will be based on the information provided to the Insurer. If any material change occurs to the information provided on or with this proposal form prior to the inception of the policy, it is essential that the Insurer is advised of the same prior to inception of any policy. Failure to do so on your part may prejudice any subsequent claim under the policy and/ or the continuation of the insurance contract.

## Insurer

Chase Accident & Health is a division of Chase Underwriting Solutions Pty Ltd, ABN 50 156 554 808, AFSL 454344 (“Chase”). Chase is an underwriting agency and is authorised to act on behalf of and in the interests of certain Underwriters at Lloyd’s and other general insurers (collectively the “Underwriters”).

Chase may also place insurance with Lloyd’s or other general insurers acting as a wholesale insurance broker.

## Privacy statement

* + 1. Chase is committed to safeguarding and protecting you, the Insured’s privacy. We are bound by the provisions of the *Privacy Act 1988* (Cth) which sets out the standards to meet in the collection, use and disclosure of personal information. We will only collect personal information from you to allow us to quote on and insure your risks and related matters, including investigating and managing claims.
    2. We may provide your personal information to others, such as other insurers or our reinsurers, claims investigators, lawyers and other professionals, and government bodies. We will not under any circumstances trade, rent or sell your information.
    3. If you do not provide us with complete, accurate and up-to-date information, we cannot properly quote for your insurance and we cannot insure you. If you provide us with personal information about anyone else, Chase will rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.
    4. Please refer to Chase’s website for our [Privacy Statement](https://www.chaseunderwriting.com.au/privacy-policy/).
    5. If you wish to access or correct your personal information, please write to or contact:

*The Privacy Officer  
Chase Underwriting Solutions Pty Ltd*

*Level 1, 68 Clarke Street,*

*Southbank, VIC 3006*

*Telephone number 1300 949 834*

## Important instructions for completing this proposal form

* All questions must be answered in full. Failure to do so may result in delays in providing a quotation or effecting the insurance.
* Where a Yes/No response is indicated please tick or cross the applicable box.
* This proposal form must be signed by at least one principal, partner or director of the principal entity seeking insurance after all necessary enquiries have been made of the principals, partners, directors and employees of all entities seeking insurance.
* Where there is insufficient space to answer any question, or additional documentation is required, please provide same by way of a clearly labelled attachment to this proposal form and specify the applicable attachments in the space provided for each question.
* If you require any assistance in completing this proposal form, please contact your insurance adviser.
* Please retain a copy of this proposal form and any attachments for your records.

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| **DETAILS OF THE PROPOSER** | |
| Name of Insured | Enter text |
| ABN | Enter text |
| Business Address | Enter text |
| Description of Business | Enter text |

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| **POLICY INFORMATION** | | | | | | | | | | |
| Period of Insurance | From | Enter date. | To | Enter date. | | | 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 *(please specify who is to be added, e.g. Named Individuals)* | | Enter text | | | | | | | | |
| What is the main purpose for travel (please provide a brief explanation) | | Enter text | | | | | | | | |

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| **BUSINESS TRAVEL DETAILS** | | | | | | | | |
|  | | | (1 trip = 1 person travelling) | | |  | | |
| Overseas\* | | | Interstate | | | Intrastate | | |
| No. of individual trips | Average duration (days) | Maximum duration (hours) | No. of individual trips | Average duration (days) | Maximum duration (hours) | No. of individual trips | Average duration (days) | Maximum duration (hours) |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter text | Enter text | Enter text | Enter text |

**Private Leisure Travel Journeys for the Policy Period (12 months)** – ONLY applies to Company Directors, CEO, CFO, General Managers, Senior Managers & Company Secretaries of the Insured, including their accompanying spouse/partner and dependent child(ren)

*One person traveling counts as one return trip - i.e., Family of 4 persons= 4 trips*

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| **PRIVATE LEISURE TRAVEL DETAILS** | | | | | | | | |
|  | | | (1 trip = 1 person travelling) | | |  | | |
| Overseas\* | | | Interstate | | | Intrastate | | |
| No. of individual trips | Average duration (days) | Maximum duration (days) | No. of individual trips | Average duration (days) | Maximum duration (days) | No. of individual trips | Average duration (days) | Maximum duration (days) |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter text | Enter text | Enter text | Enter text |

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| Please advise if any cruises are being undertaken? | | Yes |  | No |  |
| If Yes, please provide details | Enter text | | | | |

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| **NON-SCHEDULED FLIGHTS DETAILS**  ***(Note - if more than 3 rows please list all flights and add separately)*** | | | | | | | | | |
|  | | | (1 trip = 1 person travelling) | | |  | | | |
| Single Engine | | | Twin Engine | | | Helicopter | | | |
| No. of individual trips | Average duration (hours) | Maximum duration (hours) | No. of individual trips | Average duration (hours) | Maximum duration (hours) | No. of individual trips | | Average duration (hours) | Maximum duration (hours) |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter text | Enter text | | Enter text | Enter text |
| Have the trips for the charter flights been included with the trip estimates? | | | | | | Yes |  | No |  |
| What is the purpose of the flights?  Please provide full details if flying to offshore platforms: | | | | Enter text | | | | | |
| Name of charter companies used (if known):  *Note: Aerial photography, crop dusting and pipe and power line inspection are not covered.* | | | | Enter text | | | | | |
| Is cover required for any Fly In Fly Out (FIFO) employees? | | | | | | Yes |  | No |  |
| If Yes, please provide details of roster, purpose of work, number of persons, number of trips, and mode of transport including aircraft type. destinations and durations: | | | | Click or tap here to enter text. | | | | | |

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| Is anyone to be insured under the policy over the age of seventy-five (75) years? | Yes |  | No |  |
| If Yes, please provide trip details:  Click or tap here to enter text.  *Note: The Age Limit in the Policy is as follows: The Insured Person reaches ninety (90) years of age and seventy-five (75) years of age for Section 1 of the Policy for Event 2 (Permanent Total Disablement) or Events 20, 21, 27 or 28 (Temporary Total Disablement and Temporary Partial Disablement).* | | | | |

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| Are there any circumstances with which the Insurer should be made aware of in order to properly estimate risk? For example do you partake in 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 of roster, purpose of work, number of persons, number of trips, and mode of transport including aircraft type. destinations and durations: | Enter text | | | | |

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| **COVER REQUIRED** | | | |
| **Benefit** | **Option 1 – Plan A** | **Option 2 – Plan B** | **Other (please specify your required sums insured below)** |
| MAX of 5 overseas & 25 inter/intra state trips | MAX of 10 overseas & 50 inter/intra state trips |
| Up to 5 days overseas and/or 2 days inter/intrastate | Up to 10 days overseas and/or 5 days inter/intrastate |
| $900.00 + Govt Charges & fees | $1,500.00 + Govt Charges & Fees |

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| **Section 1 – Overseas medical and medical evacuation expenses** | | | | | | | |
| Overseas Medical and Medical Evacuation Expenses (Emergency Services included) | | Unlimited | Unlimited | $Enter Amount. | | | |
| Continuous Bed Confinement | | $50 per day for a max. of 30 days | $100 per day for a max of 60 days | No. per day for a  maximum of No. days | | | |
| Do you anticipate any of your Insured Persons flying as a passenger in a light aircraft/helicopter? | | | |  | Yes |  | No |
| If Yes please provide details | Enter text | | | | | | |

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| **Section 2 – Global 24 Advisory & Assistance services** | | | |
|  | **Plan A** | **Plan B** | **Other** |
| Fullerton Emergency Assistance | Included | Included | Included |

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| **SECTION 3 – Personal Accident and Sickness** | | | |
| **Part A** | | | |
|  | **Plan A** | **Plan B** | **Other** |
| Lump Sum Benefit | $100,000 | $250,000 | $Enter Amount. |
| **Part B -** Injury | | | |
| Weekly Benefits | $1,000 | $2,000 | $Enter Amount. |
| Maximum % of Salary Payable | 85% | 85% | $Enter Amount. |
| Day Excess | 7 days | 7 days | $Enter Amount. |
| Benefit Period | 104 weeks | 104 weeks | $Enter Amount. |
| **Part C** - Injury Resulting in Surgery | Not available | $10,000 | $Enter Amount. |
| **Part D** - Sickness | | | |
| Weekly Benefits | $1,000 | $2,000 | $Enter Amount. |
| Maximum % of Salary Payable | 85% | 85% | $Enter Amount. |
| Day Excess | 7 days | 7 days | $Enter Amount. |
| Benefit Period | 104 weeks | 104 weeks | $Enter Amount. |
| **Part E** - Sickness Resulting in Surgery | Not Insured | $10,000 | $Enter Amount. |
| **Part F** - Injury Resulting in Fractured Bones | $2,000 | $3,000 | $Enter Amount. |
| **Part G** - Injury Resulting in Loss or Damage to Teeth | $1,000 | $2,000 | $Enter Amount. |

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| **Section 4 – Baggage, Portable Electronic Equipment & Money** | | | |
|  | **Plan A** | **Plan B** | **Other** |
| Deprivation of Personal Baggage | $2,500 | $3,000 | $Enter Amount. |
| Personal Baggage and Business Property | $10,000 | $15,000 | $Enter Amount. |
| Personal Money and Documents | $3,000 | $5,000 | $Enter Amount. |
| Portable Electronic Equipment | $10,000 | $150,000 | $Enter Amount. |
| Excess | $250 | $250 | $Enter Amount. |

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| **Section 5 – Travel Disruptions** | | | |
| Alternative Employee/Resumption of Assignment | $5,000 | $10,000 | $Enter Amount. |
| Cancellation and Curtailment | $250,000 | $500,000 | $Enter Amount. |
| Loss of Deposits | $10,000 | $20,000 | $Enter Amount. |
| Missed Transport Connection | $5,000 | $10,000 | $Enter Amount. |
| Overbooked Flight | $2,500 | $2,500 | $Enter Amount. |

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| **Section 6 – Rental Vehicle Excess Waiver** | $1,000 | $2,000 | $Enter Amount. |

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| **Section 7 – Kidnap, Ransom, Extortion, Hijack & Detention** | | | |
|  | **Plan A** | **Plan B** | **Other** |
| Kidnap, Ransom & Extortion | $250,000 | $500,000 | $Enter Amount. |
| Hijack & Detention each Insured Person | $50 per day for a max. of 30 days | $100 per day for a max. of 60 days | No. per day for a  maximum of No. days |
| Aggregate Limit of Liability Section 7 | $250,000 | $500,000 | $Enter Amount. |

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| **Section 8 – Personal liability** | $5,000,000 | $10,000,000 | $Enter Amount. |

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| **Section 9 – Extra Territorial Workers Compensation** | | | |
|  | **Plan A** | **Plan B** | **Other** |
| Weekly Compensation (A) | $1,000 | $2,000 | $Enter Amount. |
| Total Limit of liability Any One Event (B) | $1,000,000 | $1,000,000 | $Enter Amount. |
| Aggregate limit of liability Section 9 | $2,000,000 | $2,000,000 | $Enter Amount. |

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| **Section 10 – Political Unrest & Natural Disaster** | | | |
| Political Unrest & Natural Disaster | $10,000 | $25,000 | $Enter Amount. |
| Aggregate limit of liability | $100,000 | $100,000 | $Enter Amount. |

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| **Section 11 – Search & Rescue Expenses** | $20,000 | $20,000 | $Enter Amount. |

| **Section 12 – Additional Wellbeing** | | |
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|  | **Plan A** | **Plan B** |
| Accidental HIV Infection Benefit | $15,000 | $30,000 |
| Coma Benefit | $100 per day (up to 52 weeks) | $100 per day (up to 52 weeks) |
| [Court Attendance Benefit](#_bookmark101) | $100 per day per Insured Person (up to a maximum of $1,000 per Insured | $100 per day per Insured Person (up to a maximum of $1,000 per Insured Person) |
| Dependent Child Benefit Per Child | $5,000 per child (up to $15,000 per family) | $5,000 per child (up to $15,000 per family) |
| Domestic Home Help Benefit | $250 per week (up to 52 weeks) | $500 per week (up to 52 weeks) |
| Education Fund Benefit Per Child | $5,000 per child (up to $15,000 per family) | $5,000 per child (up to $15,000 per family) |
| Home Burglary Excess Benefit | $1,000 | $1,000 |
| Modification Benefit | $15,000 | $15,000 |
| Orphan Benefit Per Child | $5,000 per child (up to $15,000 per family) | $5,000 per child (up to $15,000 per family) |
| Rehabilitation Benefit | $10,000 | $20,000 |
| Spouse/Partner Accidental Death Benefit | $10,000 | $25,000 |
| Identity Theft Benefit | $10,000 | $20,000 |
| Independent Financial Advice | $10,000 | $10,000 |
| Keys & Locks Benefit | $1,000 | $3,000 |
| Spouse/Partner Retraining Benefit | $15,000 | $20,000 |
| Student Tutorial Benefit Per Week | $250 per week (up to 52 weeks) | $500 per week (up to 52 weeks) |
| Trauma Counselling Benefit | $5,000 | $10,000 |
| Unexpired Membership Benefit | $1,000 | $1,000 |
| Out of Pocket Expenses | $1,000 | $1,000 |
| Childcare Benefit | $100 per week (up to Max Aggregate Limit $1,000) | $100 per week (up to Max Aggregate Limit $1,000) |
| Home Care Benefit | $250 per week (up to Max Aggregate Limit $5,000) | $250 per week (up to Max Aggregate Limit $5,000) |
| Home Nursing Expenses | $250 per week (up to Max Aggregate Limit $2,000) | $250 per week (up to Max Aggregate Limit $2,000) |

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| **Section 13 – Corporate Protection** | | |
| Chauffeur Benefit | $2,000 | $2,000 |
| Corporate Image Protection | $5,000 | $5,000 |
| Repatriation & Funeral Expenses Benefit | $25,000 | $25,000 |
| Replacement Staff/Recruitment Cost | $10,000 | $10,000 |
| Workplace Modification Benefit | $20,000 | $20,000 |
| Workplace Trauma Benefit | $15,000 | $15,000 |

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| **Excess** | | |
| Baggage, Portable Electronic Equipment & Money: - Electronic Equipment only | $250 | $250 |
| Other property | $100 | $100 |

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| **PREVIOUS INSURANCE HISTORY** | | | | | |
| Does the insured currently have a corporate travel insurance policy? | |  | Yes |  | No |
| If Yes, with whom and has there been continuous cover in place for the last five years? | Enter text | | | | |
| Has the Insured had any claims for travel insurance in the last five years? | |  | Yes |  | No |
| If Yes, please provide details;  including Date of Loss, Nature of Loss and Amount claimed | Enter text | | | | |

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| **DECLARATION** |
| I / Signing this Proposal does not bind Chase Underwriting Solutions or any insurer to enter into an insurance contract.  After making full and appropriate enquiries, I declare that:   * I am authorised on behalf of the prospective Insured(s) to make this Proposal * I have read and understood the Important Information section of this Proposal * Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Chase Underwriting Solutions Pty Ltd Privacy Statement * I confirm that the statements and information in this Proposal are true and complete * I understand all information requested in the Proposal is material * I provide consent consistent with the Privacy Statement outlined in the Important Information section * I understand that until a contract of insurance is entered into. I am under a continuing obligation to immediately inform Chase Underwriting Solutions Pty Ltd of any change to the information contained in this Proposal. * I acknowledge that, if a contract of insurance is entered into, this Proposal and any accompanying documents ill form the basis of the contract |

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| Signature of Insured or Authorised Representative | |  | | |
| Name | Enter text | | Date | Enter date. |