



Corporate Travel Insurance Application

Policy No.	<input type="text"/>	Client No.	<input type="text"/>	Intermediary No.	<input type="text"/>
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DETAILS OF THE INSURED

Name of Insured	<input type="text"/>												
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN	<input type="text"/>	Taxable	<input type="text"/>	%	<input type="text"/>				
Address	<input type="text"/>						State	<input type="text"/>	Postcode	<input type="text"/>			
Contact Number	Phone No. (Private)	()		Phone No. (Business)	()								
	Fax No.	()		E-mail	<input type="text"/>								
Notices to:	Name	<input type="text"/>											
	Address	<input type="text"/>						State	<input type="text"/>	Postcode	<input type="text"/>		
Period of Insurance	From	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	to	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	at 4 p.m.

CORPORATE TRAVEL DETAILS

Please indicate which trips are covered under Authorised Business Travel

Overseas Australia Only Interstate Local Travel in Excess of 80 KM

Please nominate insured persons and Time of Operation of Cover required

Category	Group 24 Hour	Authorised Business Travel	Other
CAT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
CAT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
CAT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
CAT 4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate benefits required in relation to categories shown above.

Benefit	CAT 1	CAT 2	CAT 3	CAT 4
<input type="checkbox"/> Death and Capital Benefits	\$	\$	\$	\$
<input type="checkbox"/> Weekly Benefits – Injury	\$	\$	\$	\$
<input type="checkbox"/> Weekly Benefits – Illness	\$	\$	\$	\$
<input type="checkbox"/> Medical and Additional Expenses Overseas	\$	\$	\$	\$
<input type="checkbox"/> Emergency Travel Assistance	\$	\$	\$	\$
<input type="checkbox"/> Baggage and Personal Effects	\$	\$	\$	\$
<input type="checkbox"/> Money	\$	\$	\$	\$
<input type="checkbox"/> Personal Liability	\$	\$	\$	\$
<input type="checkbox"/> Kidnap and Ransom	\$	\$	\$	\$
<input type="checkbox"/> Loss of Travel Deposits and Additional Expenses	\$	\$	\$	\$
<input type="checkbox"/> Payment of Excess Following Collision Damage or Theft	\$	\$	\$	\$
<input type="checkbox"/> Other	\$	\$	\$	\$
<input type="checkbox"/> Extra Territorial Cover – Weekly	\$	\$	\$	\$
<input type="checkbox"/> Extra Territorial Cover – Any One Event	\$	\$	\$	\$
<input type="checkbox"/> Political and Other Evacuation	\$	\$	\$	\$

CORPORATE TRAVEL DETAILS continued

Please indicate aggregate limit of liability required

Schedule Flights

\$

Per Event

Charter and Small Aircraft

\$

Per Event

Extra Territorial Workers' Cover

\$

Per any one Period of Insurance

Have you ever had insurance declined or cancelled, or special terms imposed by an insurer?
If "Yes", please give details.

Yes No

Have you ever claimed on this Class of Insurance during the last 5 years? If "Yes", please give details.

Yes No

Do you or any subsidiary or associated company own or lease aircraft? If "Yes", please give details.

Yes No

Make of Aircraft

Model

Seating Capacity

No. of Crew

No. of Engines

Do you have a company ruling limiting the number of employees who may travel together?
If "Yes", please give details.

Yes No

Please give details of journeys involving air travel likely to be undertaken within the next 12 months.

		Schedule Airline	Chartered Airline	Private Aircraft	Helicopter
Within Australia	Number				
	Average Duration				
Overseas	Number				
	Average Duration				
	Maximum Number of Persons Travelling Together				

Overseas Destinations

Are there any circumstances with which the company should be made acquainted in order to form a proper estimate of the risk? If "Yes", please give details.

Yes No

DUTY OF DISCLOSURE

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you alter or renew the Policy.

Each person named as the Insured has the same duty.

PENALTY FOR NON-DISCLOSURE

If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell us anything which: reduces the risk; is common knowledge; we already know, or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

PRIVACY

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at www.qbecommercial.com

DECLARATION AND SIGNATURE

I/We declare that the particulars are true and correct, that I/We have not withheld information likely to affect the acceptance of this application.

Signature of Insured(s)

X

X

Position Held

Date

/ /

/ /

OFFICE USE ONLY

Premium

\$

GST

\$

Government Stamp Duty

\$

TOTAL Amount Payable

\$

