# **Corporate Travel**

# **Application Form**



### **Insured Details**

Name of Insured			
Broker			State
Business of Insured?			
Does the Insured have Stamp Duty Exemption for this state?	No	Yes	If yes, please provide proof
Do they hold a valid ABN?	No	Yes	If yes, please provide details below
Is the entity to be insured currently insured for this risk?	No	Yes	If yes, please provide details below
Is any Insured Person domiciled outside Australia?	No	Yes	If yes, please provide details below

# **Business Travel (including Incidental Private Travel)**

Detail the number of Journeys to be undertaken by each Insured Person; including their Accompanying Spouse/Partners and Dependent Children. (1 Journey = 1 return trip per person travelling).

Accompanying means travelling with or travelling separately from but with the intention to meet, depart from or continue travelling with another Insured Person who is on a Journey.

Incidental Private Travel means travel of a private and/or leisure nature taken either side of or during an authorised business trip.

This does not include Directors and Executives Private Travel which is accounted for in the next section.

	0-14 days	15-30 days	31-60 days	61-90 days	91-180 days
OVERSEAS					
Overseas - Africa					
Overseas - Asia Pacific					
Overseas - Middle East					
Overseas - Central & South America					
Overseas - USA/Canada					
Overseas - Europe/Rest of World					
DOMESTIC					
Interstate					
Intrastate					
there more than 20% manual work involv	ed?	No	Yes	If yes, please pro	vide details belo
Is cover required for Fly In Fly Out employees?		No	Yes	If yes, please pro	vido dotaile bolo

# **Private Leisure Travel (Directors and Executives)**

Directors and Executives Private Travel means non-business related travel with respect to the insured's company directors (executive and non-executive), chief financial officer, chief executive officer, chief operating officer, company secretary, general manager and their accompanying spouse or partner and/or dependent children, provided that the travel involves an aerial flight or overnight stay.

Accompanying means travelling with or travelling separately from but with the intention to meet, depart from or continue travelling with another Insured Person who is on a Journey.

Detail the number of Journeys to be undertaken by each Insured Person; including their Accompanying Spouse/Partners and Dependent Children. (1 Journey = 1 return trip per person travelling).

#### **Number of Trips:**

	0-14 days	15-30 days	31-60 days	61-90 days	91-180 days
OVERSEAS					
Overseas - Africa					
Overseas - Asia Pacific					
Overseas - Middle East					
Overseas - Central & South America					
Overseas - USA/Canada					
Overseas - Europe/Rest of World					
DOMESTIC					
Interstate					
Intrastate					

# Cruises — Private Leisure Travel

Will any of the Insured Persons be taking a cruise during the next 12 months?	No	Yes
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	Number of People	Duration (days)
Overseas - Asia Pacific		
Overseas - Europe/Rest of the World		
Overseas - USA/Canada		
Domestic - Australia		

# Skiing — Private Leisure Travel

Will any of the Insured Persons be skiing during the next 12 months? No Yes

	Number of People	Duration (days)
Overseas - Asia Pacific/NZ		
Overseas - Europe/Rest of World		
Overseas - USA/Canada		
Domestic - Australia		

# **Non-Scheduled Flights**

Non-Scheduled flights<sup>^</sup> (Detail the number of flights to be undertaken).

	Number of Flights	Maximum Number of Insured Persons (per Flight)	Origin(s) and Destination(s)	Average Flight Hours (per flight)
OVERSEAS				
Single Engine				
Twin Engine				
Helicopter				
DOMESTIC				
Single Engine				
Twin Engine				
Helicopter				

Non-Scheduled Flight(s) means travel in an aircraft whose flights are not conducted in accordance with fixed flying schedules, over specific air routes, to and from fixed terminals

# Group Travel — More than 5 Persons travelling together

Will more than 5 Insured Persons be travelling together throughout the year to attend any events or conferences?

No Yes If yes, please provide the below details.

Location	Reason	Duration	Maximum number of Insured Persons travelling together in one conveyance at any one time

# **Sporting Activities or Hazardous Pursuits**

#### **Declarations**

Has the entity to be insured:

Ever had insurance refused, cancelled, declined or had special conditions imposed?

Any incurred claims over the past 3 years?

No Yes If yes, please provide details below

No Yes If yes, please provide details below

#### **Additional Information**

Please provide details of anything further that might be relevant to this risk.

#### **Declaration**

Once form is completed: sign, date and return the form to the address below.

#### Signature of Insured

#### Return form to

AFA Pty Ltd PO Box 463, North Sydney NSW 2059 underwriters@afainsurance.com.au

Fax: 029259 8220

Please ensure that you keep copies of all documentation sent to AFA

# Date



#### **Further Information**

If you have any questions, or if you need assistance with understanding or completing this form, you can contact us on (toll free) 1300 728 997 or email underwriters@afainsurance.com.au

## **Duty of Disclosure**

For insureds who are not a natural person, before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we 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 us anything that:

- · reduces the risk we insure you for; or
- is common knowledge; or
- · we know or should know as an insurer; or
- we waive your duty to tell us about.

#### **Individuals**

If you are the insured and you are a natural person, a different duty of disclosure to the one set out above applies to you. Contact your intermediary or us to ensure you are notified of your duty.

#### If You Do Not Tell Us Something

If you do not tell us anything 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.

#### **Declaration**

In this Privacy Notice, 'We', 'Us', 'Our' means Zurich and AFA. 'You', 'Your' or 'Yours' means the insured or an insured person as applicable.

Zurich and AFA are bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, affiliates of AFA, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. If you give us information about another person (such as an insured person, their spouse, dependent children, or close family member), we will rely on you to have told them that you will provide their information to us and to have provided them with this privacy text. If the information is sensitive (eg health) information, we will rely on you to have obtained their consent to give the information to us. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984 (Cth), Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Corporations Act 2001 (Cth), Autonomous Sanctions Act 2011 (Cth), A New Tax System (Goods and Services Tax) Act 1999 (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

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