



Accident & Health

CORPORATE TRAVEL
INSURANCE

libertyspecialtymarkets.com.au



Liberty
Specialty Markets

Important Notices**Duty to take reasonable care not to make a misrepresentation**

Whenever you interact with us in relation to this policy, you have a duty to take reasonable care not to make a misrepresentation.

This means you have an obligation to take reasonable care to be honest, accurate and complete in the answers to the questions we ask you, including questions which may relate to anyone else to whom this insurance applies.

If you make a misrepresentation, we can exercise any available legal rights against you, including refusing or cancelling your policy, or reducing our liability in respect of any claims.

If you are unsure about any question(s) we ask you, please tell us or discuss these with your insurance broker.

Target Market Determination

Our Target Market Determination, available on the Target Market Determination page on our [website](#) or from the insurance broker who arranged this insurance for you, may assist you to understand the class of retail clients for whom our Travel policy has been designed.

Or [click here](#) to take you straight to the TMD applicable to our Travel policy.

HOW TO FILL OUT THIS FORM

Please ensure you answer all questions. Any unanswered or illegible answers will delay our decision as to whether we can offer insurance cover.

Insured's organisation or company name

Address of insured

Suburb State Postcode

Nature of business

Period of cover from to

| Category | Insured persons |
|----------|--|
| 1 | All directors, employees, contractors, consultants of the Insured including accompanying spouse/ partner and dependent children. Nominated persons – please describe: |
| 2 | Other – please describe: |

Has the insured had a travel claim in the last five (5) years, or been declined this kind of insurance before or are currently bankrupt, insolvent or in receivership? Yes No

If yes, please complete details on page six (6), or attach claims report from your previous insurer(s), or provide further information here:

Will there be any travel to Afghanistan, Chechnya, Cuba, Iran, Iraq, Nigeria, North Korea, Myanmar, Pakistan, the Republic of Belarus, Somalia, Sudan, Syria, Russia, the Ukraine (including the territories of Crimea, the Donetsk Region and the Luhansk Region), Venezuela and Yemen? Yes No

If yes, please provide full details:

| Number of trips | Average duration | Number of people travelling together |
|-----------------|------------------|--------------------------------------|
| | | |

Please attach details of the security precautions for trips to these countries.

Is cover required for any travel, whether internationally or domestically, where the travel originates from/in any country other than those detailed below: Yes No

Australia, New Zealand, United Kingdom, Singapore, Hong Kong

If yes, please provide information:

| | | |
|--|-----|----|
| Is the insured involved in the coal, cannabis or weapons/ammunitions industries? | Yes | No |
| Will the insured be involved in projects that may include: | | |
| Oil sands | Yes | No |
| Oil and/or gas construction | Yes | No |
| Fracking; or | Yes | No |
| Projects in protected or indigenous areas | Yes | No |
| Is the insured involved in litigation funding? | Yes | No |
| Will any person requiring cover under this policy be over the age of 70? | Yes | No |
| Is any insured person likely to go on a cruise? | Yes | No |
| If yes, please provide details below: | | |

| Duration of cruise/s in days | Value of cruise/s \$ | Number of insured persons travelling together on cruise/s |
|------------------------------|----------------------|---|
| | \$ | |
| | \$ | |

| | | |
|--|-----|----|
| Will any insured person be taking part in any of the following hazardous activities? | | |
| Racing, other than on foot | Yes | No |
| Hang gliding | Yes | No |
| Off-piste snow skiing or snowboarding | Yes | No |
| BASE jumping | Yes | No |
| Motocross | Yes | No |
| Freestyle BMX riding | Yes | No |
| Professional sports | Yes | No |
| Mountaineering or rock climbing using ropes, rock climbing equipment or oxygen | Yes | No |
| Scuba diving, unless they hold an Open Water Diving Certificate | Yes | No |
| Manual work | Yes | No |
| If you answered yes to any of the above, please provide full details: | | |

Will the travel details below include any sports journeys? Yes No
 If yes, please provide further information below:

Journey Declaration

| Travel details | Number of trips | Average duration | Days/weeks | Percentage of travel to North America |
|-------------------------------|-----------------|------------------|------------|---------------------------------------|
| International business travel | | | | % |
| International leisure travel | | | | % |
| Domestic business travel | | | | NA |
| Domestic leisure travel | | | | NA |

Trip radius 50km 100km 150km

Notes:

- 1 (one) trip = 1 (one) person on 1 (one) return trip. 3 (three) persons travelling together = 3 (three) trips. This includes a family travelling together. A family of 5 (five) travelling together must be declared as 5 (five) trips.
- Leisure attached to a business trip does not have to be declared separately. Any leisure travel without a business component must be declared in the applicable travel details table above.
- The maximum duration any one trip is 180 days unless otherwise agreed to by us in writing.

Conference details:

Do you have staff attending conferences where **more than 5** (five) of your own staff will be at the same conference (whether travelling together or not)? Yes No

If yes, please provide details:

Conference dates from to

Conference location

Number of people attending for whom you are responsible to insure:

Maximum number on any one flight Number of flights where this maximum may occur

Maximum number on any ground transport

| | | | |
|--|--------|------|-------|
| Ground aggregate limit required (if different to standard policy aggregate limits) | \$2.5m | \$5m | Other |
| Flight aggregate limit required (if different to standard policy aggregate limits) | \$2.5m | \$5m | Other |

Attach additional details as required.

Non-scheduled flying

If you require cover for non-scheduled flying, please complete the following:

| Type of aircraft | Number of return flights | Average duration | Average number of employees any one flight | Maximum number of employees any one flight |
|--|--------------------------|------------------|--|--|
| Helicopter flights – Overseas | | | | |
| Fixed wing twin engine flights – Overseas | | | | |
| Fixed wing single engine flights – Overseas | | | | |
| Helicopter flights – Australia | | | | |
| Fixed wing twin engine flights – Australia | | | | |
| Fixed wing single engine flights – Australia | | | | |
| Helicopters – Oil rigs | | | | |
| Total | | | | |
| Where are flights to and from and detail type of tarmac. | To | From | Tarmac | |
| | | | | |
| | | | | |
| | | | | |

Does this include fly in/fly out? Yes No
 If yes, please provide separate details of rosters/swings, number of persons, number of trips, destinations and duration.

Non-scheduled flying aggregate limit required \$250,000 \$500,000 \$1m

Prior losses

Have you ever had any losses for this type of insurance, regardless of whether you were insured or not? Yes No
 If yes, please provide details:

| Date of loss | Details of the loss | Amount |
|--------------|---------------------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

If you have additional losses, please attach a full listing from your previous insurer(s).

| Limits required | | | | |
|---------------------------------------|---|-----------------------|----------------|--------------|
| Section | | | Benefit | Other |
| 1 | Overseas Medical Expenses and Evacuation | | Unlimited | \$ |
| 2 | Liberty Global Emergency Assistance | | Included | \$ |
| 3 | Cancellation and Curtailment | | Unlimited | \$ |
| | Loss of Deposits | | Unlimited | \$ |
| | Alternative Employee/Resumption of Journey | | \$20,000 | \$ |
| | Missed Transport Connection | | \$10,000 | \$ |
| 4 | Baggage | | \$15,000 | \$ |
| | Electronic equipment | | \$7,500 | \$ |
| | Money and travel documents | | \$5,000 | \$ |
| | Excess – Section 4 only | | \$250 | \$ |
| 5 | Part A – Death and capital benefits – employees | 7 x salary up to | \$250,000 | \$ |
| | Part A – Death and capital benefits – accompanying spouse or partner | | \$250,000* | \$ |
| | *Death benefit – event 1 limited to \$25,000 in respect of dependent children | | | |
| | Part B – Fractured bones | As per policy up to | \$5000 | \$5000 |
| | Part C – Loss of income – weekly injury benefit | 85% of salary up to | \$1,500 | \$ |
| | | Benefit period | 156 weeks | \$ |
| | | Excess period | 7 Days | \$ |
| | Part D – Loss of income – weekly sickness benefit | 85% of salary up to | \$1,500 | \$ |
| | | Benefit period | 156 weeks | \$ |
| | | Excess period | 7 Days | \$ |
| 6 | Rental vehicle excess | | \$5,000 | \$ |
| 7 | Personal liability | | \$10,000,000 | \$ |
| 8 | Political unrest and natural disaster evacuation | | \$25,000 | \$ |
| 9 | Kidnap, ransom and extortion | | \$500,000 | \$ |
| 10 | Extra territorial workers' compensation | Weekly benefit | \$1,500 | \$ |
| | | Common law | \$1,000,000 | \$ |
| 11 | Hijack, detention and legal costs | Daily benefit | \$2,000 | \$ |
| | | Max days | 45 | \$ |
| | | Legal costs | \$50,000 | \$ |
| 12 | Worldwide search and rescue | Any one claim | \$50,000 | \$ |
| 13 | Additional benefits | | Included | \$ |
| Aggregate limits of liability: | | | | |
| 5 | Personal accident and sickness | Any one occurrence | \$2,500,000 | \$ |
| | | Non scheduled flying | \$500,000 | \$ |
| 9 | Kidnap, ransom and extortion | | \$1,000,000 | \$ |
| 10 | Extra territorial workers compensation | | \$1,000,000 | \$ |
| 12 | Worldwide search and rescue | Any one Policy period | \$100,000 | \$ |
| All | War/civil war | Any one event | \$100,000 | \$ |
| | | Any one Policy period | \$500,000 | \$ |

DECLARATION

I, _____, the undersigned, declare and acknowledge as agent of the Insured:

1. I am authorised as agent of the Insured to complete this proposal;
2. that after enquiry of the Insured, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, are true and correct and that until a contract of insurance is entered into, the Insured is aware that it is obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;
3. that after enquiry of the Insured, the Insured understands Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
4. that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
5. that after enquiry of the Insured, the Insured have read and understood the Important Notices which form part of this proposal; and
6. that we understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty, if any.

Signature

Date

Name (please print)

Privacy Notice

We are bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when we collect and handle your personal information. This notice provides some key information about our privacy practices in relation to personal information. For full details, please see our privacy policy.

We collect personal information in order to provide our services and products, manage claims and for purposes ancillary to our business. We may collect, use and disclose your personal information for those purposes. Your personal information may include sensitive information such as information or opinion about your health and/or medical records. Personal information is in some circumstances collected from third parties, such as health providers and insurance brokers.

We may disclose personal information to third parties involved in this process such as our related companies, reinsurers, agents, loss adjusters, health providers and other service providers.

We may store your information with third party cloud or other types of networked or electronic storage providers.

Third party providers may be located overseas including in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia.

Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide all of the personal information Liberty or other relevant third parties require to offer or provide you with specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at:

Address: Level 38, Governor Phillip Tower, 1 Farrer Place, Sydney NSW 2000, Australia
 Email: privacy.officer.ap@libertyglobalgroup.com

To obtain a copy of Liberty's privacy policy go to Liberty's website (libertyspecialtymarkets.com.au) or request a copy from Liberty's Privacy Officer at the above email or postal address.