

Within Australia - Interstate						
Intrastate						
3. Leisure travel trips for directors, CEO, CFO, COO, Company Secretary and their accompanying spouse/partner/dependent children						
	0-7 days	8-14 days	15-30 days	31-60 days	61-90 days	90-180 days
Overseas excluding the USA						
USA						
Within Australia - Interstate						
Intrastate						
If intrastate, what radius limit is required?	50 (kms)		80 (kms)	100 (kms)		
Maximum number of people travelling together in any one aircraft, vehicle, vessel or conveyance, attending any conference or event, or accommodated at one hotel for any type of travel:						

Corporate travel details for insured persons residing outside of Australia

If you require travel cover for insured persons outside of Australia, please provide the country of residence and the trip details below:

Country of Residence						
1. Business trips (including incidental private travel)						
	0-7 days	8-14 days	15-30 days	31-60 days	61-90 days	90-180 days
Overseas excluding the USA						
USA						
Domestic trips within country of residence						
2. Accompanying spouse/partner/dependent children on above Business trips						
	0-7 days	8-14 days	15-30 days	31-60 days	61-90 days	90-180 days
Overseas excluding the USA						
USA						
Domestic trips within country of residence						
3. Leisure travel trips for directors, CEO, CFO, COO, Company Secretary and their accompanying spouse/partner/dependent children						
	0-7 days	8-14 days	15-30 days	31-60 days	61-90 days	90-180 days
Overseas excluding the USA						
USA						
Domestic trips within country of residence						
If intrastate, what radius limit is required?	50 (kms)		80 (kms)	100 (kms)		
Maximum number of people travelling together in any one aircraft, vehicle, vessel or conveyance, attending any conference or event, or accommodated at one hotel for any type of travel:						

Is any travel required to any of the following destinations? If yes, please provide the trip details for each destination.				Yes	No	
Afghanistan, Belarus, Bosnia, Burundi, Central African Republic, China, Cuba, Democratic Republic of Congo, Guinea-Bissau, Haiti, Iran, Iraq, Lebanon, Libya, Mali, Moldova, Myanmar, Nicaragua, Niger, North Korea, Republic of Guinea, Russia, Somalia, Sudan, South Sudan, Syria, Tunisia, Turkey, Ukraine, Venezuela, Yemen, former Yugoslavia (including Herzegovina, Serbia, Montenegro), Zimbabwe, Hong Kong, Israel or the Occupied Palestinian Territories						
Country			Number of trips			
Will the insured persons be undertaking charter/non-scheduled flights? If 'Yes' please provide detail of journeys likely to be undertaken in the next 12 months: (Note one person travelling = 1 return trip)					Yes	No
Type of aircraft	Number of flights	Average duration	Average number of employees any one flight	Maximum number of employees any one flight		
Charter						
Helicopter flights						
Light air - multiple engine						

Light air - single engine																						
Type of landing strip eg rural																						
Purpose of flight eg mining																						
Where are the flights to and from?																						
Do you own or lease any aircraft? If 'Yes' please provide make and model seating capacity and confirm if cover is required for any employees who are pilots			Yes	No																		
Please provide the purpose of business travel and the occupational duties involved whilst on a business trip																						
<p>Whilst travelling, will any insured person be working outside of an office or other professional environment in connection with the following industries:</p> <table border="0"> <tr> <td>1. Mining and resources</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>2. Construction</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>3. Agricultural</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>4. Defence</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>5. Transport</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>6. Manufacturing</td> <td>Yes</td> <td>No</td> </tr> </table> <p>If 'Yes' please provide further details</p>					1. Mining and resources	Yes	No	2. Construction	Yes	No	3. Agricultural	Yes	No	4. Defence	Yes	No	5. Transport	Yes	No	6. Manufacturing	Yes	No
1. Mining and resources	Yes	No																				
2. Construction	Yes	No																				
3. Agricultural	Yes	No																				
4. Defence	Yes	No																				
5. Transport	Yes	No																				
6. Manufacturing	Yes	No																				
Is there any "Fly in, Fly out" cover required? If 'Yes' please provide further details			Yes	No																		
Please indicate benefits required.																						
Benefit	Standard sum insured	Alternative sum insured (\$)																				
A. Death and capital benefits	\$500,000																					
B. Weekly benefits - Injury	\$2,000																					
C. Weekly benefits - Illness	\$2,000																					
Benefit applicable to all categories																						
F. Overseas medical expenses	\$Unlimited																					
G. Emergency assistance	Included																					
H. Baggage and personal effects	\$20,000																					
I. Personal money, travellers cheques and credit cards	\$5,000																					
J. Personal liability	\$10,000,000																					
K. Kidnap and ransom and personal extortion	\$500,000																					
L. Loss of deposit and additional expenses	\$20,000																					
M. Refund of excess following collision damage or theft	\$5,000																					

Additional Covers		
1. Extra territorial workers cover		
2. Environmental and natural disaster evacuation cover	\$500,000 any one event	
3. Political evacuation cover	\$500,000 any one event	
4. Search and rescue expenses any one period of insurance	\$20,000 per person	

Corporate travel details

Aggregate limit of liability

The maximum we will pay for one event involving more than one person is the aggregate limit of liability. The limit applies to Sections A, B, C, D, H, I, M and Additional Covers 5 - 8.

Please indicate the aggregate limit of liability (\$)

Section A - Non-schedule/Charter flights aggregate limit

Charter flight (\$)	Light aircraft (\$)	Helicopter (\$)

Privacy

We take the security of your personal information seriously. Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers. We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia. By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so. If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

Declaration and authorisation

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Corporate Travel Policy QM184.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Applicant/Broker's Signature Date (dd/mm/yyyy)

Please return the completed form to your financial services provider.