



PROPOSAL FORM

Corporate Travel Insurance

Insured Details

Full name of the Insured:																	
Address of Insured:																	
ABN:																	
Nature of the business:																	
Business names of subsidiaries to be covered under the policy:																	
Insurance broker:																	
Period of Insurance:	From: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										

Previous Insurance History

Are you presently Insured for this class of risk?	☐ Yes	☐ No
Has the Insured had any travel claims in the last five (5) years? If 'Yes', attach detailed claims history.	☐ Yes	☐ No
Has the Insured been declined this type of insurance before or are currently bankrupt, insolvent or in receivership? If 'Yes', please provide details below:	☐ Yes	☐ No

Corporate Travel Details

Please select Period of Cover by ticking one box only from the options below:

- ☐ Authorised business travel Interstate (Australia) and Overseas including Associated Leisure Travel*
- ☐ Authorised business travel Intrastate (Australia) beyond 50/100 kilometres, Interstate and Overseas including Associated Leisure Travel*
- ☐ Authorised business travel Overseas including Associated Leisure Travel*
- ☐ Authorised business travel Interstate including Associated Leisure Travel*

* **Associated Leisure Travel** means Travel by an Insured person which is private (Non-business related), taken either before, during or after an authorised business trip covered by this Policy with the maximum duration for Associated Leisure Travel limited to 42 days.

Insured Persons

Tick one box only from the options below or provide a description for 'Other'

- ☐ All Directors and Employees of the Insured
- ☐ All Directors, Employees and Accompanying Spouse/Partner & Dependant Children
- ☐ Other please specify

Section 1 – Business Travel Declaration

1. Please provide trip estimates based on the cover selected.
2. Business Travel activity estimates (1 Insured Person travelling = 1 return trip) e.g. (a) a director and 4 employees travelling together on the same trip = 5 trips (b) a employee and accompanying spouse/partner and 2 chidren travelling together = 4 trips
3. If Non Scheduled Flights or Fly In Fly Out cover is required please declare these trip estimates under the Section 2 – Fly In Fly Out. Declaration and Section 4 Non Scheduled Flights Declaration in this Proposal Form.

Will any Insured Persons be travelling to remote or high risk locations that the Australian Government recommends travellers to not travel?

☐ Yes

☐ No

If 'Yes', please provide details:

Are you intending to travel to the following countries – Russia or Belarus, Crimea Region of Ukraine, Donetsk People’s Republic (DNR), Luhansk People’s Republic (LNR), Cuba, Iraq, Iran, Yeman, Somalia, Israel, Syria, Afghanistan, Chechnya, Nigeria, North Korea, Myanmar, Pakistan, Sudan & Venezuela.

☐ Yes

☐ No

If 'Yes', please provide full details†:

Maximum Number of Insured Persons Travelling together on a business trip:

† Please note cover for travel to these destinations may be prohibited under applicable laws. We reserve the right to refuse cover to these destinations and or amend terms.

DESTINATION/TYPE	WHITE COLLAR TRAVEL (i.e. Office/On-site Supervisory)			BLUE COLLAR TRAVEL (ie Manual Labor/Tradesperson)		
	Total Number of Trips	Average Duration (days)	Maximum Duration (days)	Total Number of Trips	Average Duration (days)	Maximum Duration (days)

Domestic Trips (within Australia)

Interstate						
Intrastate – please select kilometre radius required: ☐ 50 kms ☐ 100 kms						

Overseas Trips (Departing From Australia)

Europe						
United Kingdom						
North Americal (USA/Canada)						
Central/South America & Mexico						
New Zealand						
Pacific Islands						
Papua New Guinea/Timor						
Africa						

Asia (specify countries):

Middle East (specify countries):

Do you require cover for Employees residing overseas?
 ☐ Yes
 ☐ No

If ‘Yes’, please complete the trip declaration below.

TRIPS DEPARTING FROM A COUNTRY OTHER THAN AUSTRALIA	WHITE COLLAR TRAVEL (i.e. Office/On-site Supervisory)				BLUE COLLAR TRAVEL (ie Manual Labor/Tradesperson)			
Country of Residence	Number of Domestic trips	Average Duration	Number of Overseas Trips	Average Duration	Number of Domestic Trips	Average Duration	Number of Overseas Trips	Average Duration

Will there be any travel under this insurance policy which involve the performance of Manual Labour for any industry including but not limited to construction, mechanic, manufacturing, mining and resources, agriculture, trades? Manual Labour is more than 10% of non-clerical work.

☐ Yes
☐ No

If ‘Yes’, please answer the following:

1. Provide details of the work to be undertaken

2. Is cover required under this insurance policy for whilst engaged in their occupational duties which are Manual Labour?

☐ Yes
☐ No

Section 2 – Fly-In-Fly-Out Employees (FIFO) Travel

Is cover required for any Fly-In-Fly-Out Insured Persons?

☐ Yes☐ No

If 'Yes', please provide full details of roster/swings, purpose of FIFO and occupations:

Fly-In-Fly-Out (FIFO) travel is travel by any mode of transport, conducted in with a pre-determined work roster which includes periods of a overnight stays away from the employees normal residence. Cover for FIFO will only apply whilst they are travelling to and from their worksite/accommodation.

Destination/Type	Location	Mode of Transport	Total Number of Trips (1 insured person traveling = 1 return trip)	Average Duration (days)	Maximum Duration (days)
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Australian Domestic Trips

Inerstate:					
Intrastate (beyond 100 kms):					

Overseas Trips (Insert Country and Location)

COUNTRY					

Maximum Number of Insured Persons Travelling together any one mode of transport:

Will any Insured Persons be travelling to remote or high risk locations that the Australian Government recommends travellers to not travel?

☐ Yes☐ No

If 'Yes', please provide details:

Should cover be required for 24 hours/7 days during the period of Travel including occupational duties?

☐ Yes☐ No

If 'Yes', please advise:

Will any Insured Person be engaging in hazardous activities (e.g. underground mining, heli/offpiste snow sports, sailing more than 20kms from any land mass, racing other than on foot, hiking or trekking in an altitude in excess of 4000 metres).

☐ Yes☐ No

If 'Yes', please provide details:

Section 3 – Leisure Travel Declaration (Non-Associated Leisure Travel)

Do you require cover for leisure travel (Non Associated Leisure Travel**) undertaken by Directors Chief Financial Officer, Chief Executive Officer, Chief Operating Officer, Company Secretary and Nominated (Named) Employees s and their accompanying Spouse and Dependant Children?”

☐ Yes

☐ No

If ‘Yes’, an estimated number of Non Associated Leisure trips MUST be declared under this section of this Proposal Form.

Standard Insured Persons: Directors and C Suite employees (CEO, CFO, COO Company Secretary) and their accompanying spouse/partner & dependent children.

Do you require cover for Employees who do not qualify under the above definition for standard Insured Persons under Non-Associated Leisure Travel?

☐ Yes

☐ No

If ‘Yes’, please complete the below.

** Non Associated Leisure Travel means pure leisure travel which is private, not taken in conjunction to any business trip and is unrelated to business for the entire duration of the trip with the maximum duration for Non Associated Leisure Travel limited to 42 days.

Additional Employees to be covered for Non-Associated Leisure Travel Cover

Business Title/Relationship to the Insured	Name	Date of birth
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y
		D D M M Y Y Y Y

Non-Associated Leisure Travel trip estimates for the next 12 months

(1 insured person travelling = 1 return trip, e.g Director and accompanying spouse/partner and 2 dependent children travelling together = 4 trips)

Destination/Type	Total Number of Trips	Average Duration (days)	Maximum Duration (days)
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Domestic Trips (within Australia)

Interstate			
Intrastate – must include an overnight stay or air flight			

Domestic Trips (departing outside of Australia) – if applicable please list the countries in the below fields

Countries Travelling within

Destination/Type	Total Number of Trips	Average Duration (days)	Maximum Duration (days)
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Overseas Trips (trips originating from Australia)

Africa			
Asia			
Europe & UK			
Middle East			
North America & Canada			
New Zealand & Pacific			
South & Central America			

Overseas Trips (originating outside of Australia) – if applicable please list the countries in the below fields

Departing Countries

Whilst on leisure travel will any Insured Person be

- (a) travelling to remote or high risk locations that the Australian Government recommends travellers do not travel?

☐ Yes

☐ No

If 'Yes', please provide details:

- (b) engaged in hazardous activities (e.g. underground mining, heli/offpiste snow sports, sailing more than 20kms from any land mass, racing other than on foot, hiking or trekking in an altitude in excess of 4000 metres).

☐ Yes

☐ No

If 'Yes', please provide details:

Section 4 – Non Scheduled Aircraft (including Fly-in-Fly-Out trips)

Will any Insured Person be undertaking Charter/Non-Scheduled flights? ☐ Yes ☐ No

If 'Yes', please provide details below:

	Number of flights – for Fly-In-Fly-Out travels, please declare the number in [X]	Average number of Insured Persons per flight	Maximum number of Insured Persons per flight	Origins and destinations
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Outside of Australia

Helicopters	[]			
Single Engine Aircraft	[]			
Twin Engine Aircraft	[]			

Within Australia and Australian Territorial Waters

Helicopters	[]			
Single Engine Aircraft	[]			
Twin Engine Aircraft	[]			
What are the purposes of the flights:				
Type of landing strip (e.g. tarmac, dirt):				

Section 5 – Conference Trips

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:

D	D	M	M	Y	Y	Y	Y
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 To:

D	D	M	M	Y	Y	Y	Y
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Conference location:

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

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

Maximum number on any ground transport: Number of ground transport trips where this maximum may occur:

Your Duty of Disclosure

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.

IF YOU DO NOT TELL US SOMETHING

If **You** do not tell **Us** anything **You** are required to tell **Us**, **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.

Privacy Notice

This notice sets out how **AIG** collects, uses and discloses personal information about:

- **You**, if an individual; and
- other individuals **You** provide information about.

Further information about Our Privacy Policy is available at www.aig.com.au or by contacting **Us** at australia.privacy.manager@aig.com or on 1300 030 886.

HOW WE COLLECT YOUR PERSONAL INFORMATION

AIG usually collects personal information from **You** or **Your** agents.

AIG may also collect personal information from:

- **Our** agents and service providers;
- other **Insurers**;
- people who are involved in a claim or assist **Us** in investigating or processing claims, including third parties claiming under **Your** policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that **You** are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

WHY WE COLLECT YOUR PERSONAL INFORMATION

AIG collects information necessary to:

- underwrite and administer **Your** insurance cover;
- improve customer service and products including carrying out research and analysis including data analytics functions; and
- advise **You** of **Our** and other products and services that may interest **You**.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in **AIG** declining cover, cancelling **Your** insurance cover or reducing the level of cover, or declining claims.

TO WHOM WE DISCLOSE YOUR PERSONAL INFORMATION

In the course of underwriting and administering **Your** policy **We** may disclose **Your** information to:

- **You** or **Our** agents, entities to which AIG is related, reinsurers, contractors or third party providers providing services related to the administration of **Your** policy;
- banks and financial institutions for policy payments;
- **You** or **Our** agents, assessors, third party administrators, emergency providers, retailers, medical providers, travel carriers, in the event of a claim;
- entities to which AIG is related and third party providers for data analytics functions;
- other entities to enable them to offer their products or services to **You**; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: Canada, Bermuda, Ireland, Belgium, the Netherlands, Germany, France, United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which you have a claim and such other countries as may be notified in **Our** Privacy Policy from time to time.

You may request not to receive direct marketing communications from AIG.

ACCESS TO YOUR PERSONAL INFORMATION

Our Privacy Policy contains information about how **You** may access and seek correction of personal information **We** hold about **You**. In summary, **You** may gain access to **Your** personal information by submitting a written request to AIG.

In some circumstances permitted under the Privacy Act 1988, AIG may not permit access to **Your** personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

COMPLAINTS

Our Privacy Policy also contains information about how **You** may complain about a breach of the applicable privacy principles and how **We** will deal with such a complaint.

CONSENT

If applicable, Your application includes a consent that You and any other individuals You provide information about consent to the collection, use and disclosure of personal information as set out in this notice.

DECLARATION

I/WE declare and warrant that the answers and information given above are in every respect true and correct, and that I/WE have not withheld any information within MY/OUR knowledge likely to effect the decision of the Insured as to MY/OUR Eligibility for Insurance.

Date:	D D M M Y Y Y Y
Signature:	
Title of Person Signing:	

PDS and Policy Wording are available at <http://aig.com.au> Please see this site for the full product details.



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