

# Corporate travel insurance application



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Return completed form to your Financial Services Provider email: [undewriting@qbe.com](mailto:undewriting@qbe.com)

Policy no.

Client no.  Intermediary no.

The applicant/s							
Insured's name	<input type="text"/>						
Tax status	Registered business	Yes	No	ABN	<input type="text"/>	Taxable (%)	<input type="text"/>
Postal address	<input type="text"/>					State	<input type="text"/>
Contact numbers	Phone No. (private)	<input type="text"/>			Phone No. (business)	<input type="text"/>	
	Fax No.	<input type="text"/>			Email	<input type="text"/>	
Subsidiary/associated companies to be insured	<input type="text"/>					ABN	<input type="text"/>
	<input type="text"/>					ABN	<input type="text"/>
Period of insurance	From	<input type="text"/>	To	<input type="text"/>	at 4pm		

Corporate travel details						
Please nominate insured persons required to be covered:						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please tick (✓) the time of operation of cover required:						
<input type="checkbox"/> Authorised business travel within Australia only including incidental private travel						
<input type="checkbox"/> Authorised business travel worldwide including incidental private travel						
<input type="checkbox"/> Authorised business travel worldwide including incidental private travel and leisure travel for directors and senior executives						
<input type="checkbox"/> All travel worldwide including leisure travel						
<b>Travel detail</b>						
Please give estimated travel pattern likely to be undertaken in the next 12 months						
Note: when estimating number of trips, each person travelling is to be counted as one individual trip. (ie. two employees travelling with their accompanying spouses equates to 4 return trips.)						
Complete the number of return trips in each duration band below:						
<b>Business trips (including incidental private travel)</b>	0-7 days	8-14 days	15-30 days	31-60 days	61-90 days	90-180 days
Overseas excluding the USA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Within Australia - Interstate Intrastate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Leisure travel</b>	0-7 days	8-14 days	15-30 days	31-60 days	61-90 days	90-180 days
Overseas excluding the USA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Within Australia - Interstate Intrastate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If intrastate, what radius limit is required? <input type="text"/> 50 (kms) <input type="text"/> 80 (kms) <input type="text"/> 100 (kms)						
Maximum number of people travelling together in any one aircraft, vehicle, vessel or conveyance or accommodated at one hotel for any type of travel: <input type="text"/>						

## Corporate travel details

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


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 and seating capacity

Yes    No

Is there any "fly in, flight 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		
<b>Benefit applicable to all categories</b>			
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	
Extra territorial workers cover	
• Weekly	\$1,000
• Up to a maximum of	\$500,000
• Common law limit	\$500,000
• Aggregate limit	\$1,000,000
Environmental and natural disaster evacuation cover	\$500,000 any one event
Political evacuation cover	\$500,000 any one event

### 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, H, I, and M and additional covers

Please indicate the aggregate limit of liability (\$)

#### Section A - Non-schedule/Charter flights aggregate limit

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

Have you had any insurance declined or cancelled, or had special terms imposed by an insurers? Yes No

If 'Yes', please give details

Has a claim been made on this class of business during the last five (5) years? Yes No

If 'Yes', please give details

Whilst travelling, will any insured person participate in any hazardous pursuits or activities, including but not limited to motor sports in any form, rock climbing or mountaineering, water skiing, snow skiing, snow boarding, horse riding, canyoning, motor cycling, parachuting, abseiling, kite surfing, mountain biking, scuba diving, football of any code or any other body contact sports? Yes No

If 'Yes', please give details

### Privacy

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](http://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.**