

CORPORATE TRAVEL INSURANCE DECLARATION

Organisation Name: _____

Period of Insurance: From ____ / ____ / ____ To ____ / ____ / ____

DESCRIPTION OF INSURED PERSONS (please tick categories to be included)			
<input type="checkbox"/> Directors and Board Members	<input type="checkbox"/> Employees	<input type="checkbox"/> Voluntary Workers & Students	<input type="checkbox"/> Accompanying Spouse / Partner / Dependants
<input type="checkbox"/> Overseas Visitors / Guests	<input type="checkbox"/> Mission Volunteers	<input type="checkbox"/> Associates and Contractors	<input type="checkbox"/> Persons over 75 years old

ESTIMATED TRIPS <i>Please note: 1 trip = 1 x person return (or one way if applicable). E.g. 10 people taking 5 trips each = 50 trips</i>						
	Purpose of Travel A, B, C, D and/or E (see below)	Max. number of people travelling together	Number of trips per Duration band			
			0-14 days	15-31 days	32-90 days	91-180 days
Intrastate (>100km from residence)						
Interstate						
UK/Europe						
North America /Canada						
Central/South America						
New Zealand						
South Pacific						
Papua New Guinea						
Timor						
Africa (advise Countries)						
Asia (advise Countries)						
Middle East (advise Countries)						
Antarctica						
Round the World						
Total						

PURPOSE OF TRAVEL for inclusion in Estimated Trips Declaration				
A. Business and associated activities	B. Business with associated Leisure / accompanying family	C. Short term Mission up to 14 days	D. Longer term Mission above 14 days	E. Private Travel

TRIP ACTIVITIES (additional information is likely to be requested by the Insurer)

Do any of the declared trips include anything other than scheduled airlines? eg. Helicopter flights, Charter, Fixed Wing Twin Engine, Fixed Wing Single Engine. If yes, provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of the declared trip include hazardous activities such as skiing, hangliding, skydiving, bungee jumping? If yes provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of the declared trip include construction activities, medical procedures If yes provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DUTY OF DISCLOSURE

Have you made a claim under a similar policy in the past 4 years? If yes, provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you read and do you agree to the Duty of Disclosure below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Duty of Disclosure

Before you enter into a contract of insurance, you have a legal duty under the Insurance Contracts Act 1984 to disclose to us every matter you know is relevant to our decision whether to accept this application for insurance and if so, on what terms. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate your insurance contract. Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- where compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters, the Insurer can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984. It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act.

Declaration:

I / we declare that the answers given and statements made are to the best of my / our knowledge, true and correct.
I / we also appoint EA Insurance Services Pty Ltd to assess this application, place the insurance and assist with any claims management.

Signature _____

Name _____ Date _____