



CORPORATE TRAVEL PROPOSAL FORM

IMPORTANT INFORMATION: Please read the following before completing the proposal questions.

1. DUTY OF DISCLOSURE

What You must tell Us

When answering Our questions, You must be honest and You have a duty under law to tell Us anything known to You, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure You and anyone else to be insured under the Policy, and on what terms.

Who needs to tell Us

It is important that You understand You are answering Our questions in this way for Yourself and anyone else whom You want to be covered by the Policy.

If You do not tell Us

If You do not answer Our questions in this way, We may reduce or refuse to pay a claim, or cancel a Policy. If You answer Our questions fraudulently, We may refuse to pay a claim and treat the Policy as never having worked.

2. GST

We are required to ask if You hold registration pursuant to A New Tax System (Goods and Services Tax) Act 1999 ANTS (GST) and if so, what is Your ABN registration number? It is also necessary for Us to know whether You or any other entity insured under this Policy intend to claim an input tax credit for the premium of the Policy? If so, what extent is an input tax credit being claimed by You, or other insured entities?

I / We have read and understood the above Important Information.

Agree

DETAILS ABOUT YOUR ORGANISATION

Q1.

Name of your Organisations (Insured Name):

Q2.

Address of your **main** location:

Q3.

Phone:

Q4.

Fax:

Q5.

Email:

Q6.

Is the Organisation GST registered?

Yes No

Q7.

Web:

Q8.

Organisation's ABN:

Q9.

Please **estimate** the number of trips and average days/trip, for the next 12 months in the categories below:

Number of Business tips - Overseas	Ave. duration of days
Number of Business tips - Interstate	Ave. duration of days
Number of Business tips - Intrastate	Ave. duration of days
Number of Leisure tips - Overseas	Ave. duration of days
Number of Leisure tips - Intrerstate	Ave. duration of days
Number of Leisure tips - Intrastate	Ave. duration of days

Q10.

Please answer the following:

Ave. number persons per trip (estimate)	Max. number of persons per trip
Max. duration of a trip	Number of trips exceeding 90 days

Q11.

Please describe the **purpose** of travel (for the Organisation)?

Q12.

Please list the **main / common** destinations of travel (for the Organisation), anticipated in the next 12 months?

Q13.

Please list the Organisation's **Executives** who are nominated for **Leisure** Travel?

Note: *The Organisations Directors are afforded Leisure travel **automatically** and **do not** need to be declared here.*

Q14.

Will any Insured person be undertaking **any** charter or non-scheduled flights?

Note: **Charter** and **Non-scheduled** flights refers to air travel in aircraft whose flights are not conducted in accordance with fixed schedules to and from fixed terminals over specific routes. **Charter** and **Non-scheduled** flights **also** refers to Helicopters.

No - proceed to Q15.

Yes - please answer Q14a (i) to (vii)

Q14a

Please provide the following information:

(i) **Helicopter** - number of flights

Overseas

Interstate

Intrastate

(ii) **Single Engine Aircraft** - number of flights

Overseas

Interstate

Intrastate

(iii) **Twin Engine Aircraft** - number of flights

Overseas

Interstate

Intrastate

(iv) Max. number of Insured persons **per** Chartered or Non-scheduled flight?

(v) Will the aircraft/s be **privately** owned or a **charter company** aircraft?

Privately owned

Charter company owned

(vi) What is the **purpose** of these flights?

(vii) What are the likely **destinations** of these flights?

Q15.

Has the Organisation **previously** been insured, or is **currently** insured for this class of risk?

No - proceed to Q16

Yes - please answer Q15a

Q15a.

If you have answered **Yes** to the above questions (Q15), please provide a **detailed claims history** below?

Q16.

Please provide the number of Insured persons in each State?

NSW

QLD

VIC

SA

WA

TAS

NT

ACT

DECLARATION

The information that I / we (Authorised Person) have provided in this application is a true and accurate representation of our travel activities.

Note: Authorised Person is any of the following who have been authorised to sign on behalf of the Organisation:

- Chairman
- CEO
- Contracts Officer
- President
- CFO
- Operations Manager
- Managing Director
- GM
- Practice/Surgery Manager
- Any member of the Board
- FARM Committee Members

Signed

Name

Position

Date

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