



CHUBB INSURANCE COMPANY OF AUSTRALIA LIMITED

A.B.N. 69 003 710 647 A.F.S. Licence No: 239778
Level 36, Tower Building, Australia Square, 264-278 George Street, Sydney, NSW 2000, Australia
Telephone : 61-2-9273 0100 • Facsimile: 61-2-9273 0101 • DX: 10209 - Sydney Stock Exchange
Level 14, 330 Collins Street, Melbourne, VIC 3000, Australia
Telephone : 61-3-9242 5111 • Facsimile: 61-3-9642 0909 • DX: 31310 – Midtown
Level 22, 2 The Esplanade, Perth, WA 6000, Australia
Telephone : 61-8-6211 7777 • Facsimile: 61-2- 9325 7730 • DX: 207 - Perth Stock Exchange

PROPOSAL / QUOTATION FORM

Corporate Travel Insurance

1. POLICYHOLDER _____

2. ABN AND ITC DETAILS _____

3. BUSINESS DESCRIPTION _____
(Please provide a full description of all your business activities)

Please circle if faxing or Bold if emailing

4. Is the Policyholder a business and/or a corporation? Yes / No If yes go to question (4a)

Question (4a)

Is the general insurance policy you are considering for use or in connection with a small business that is a manufacturing business with 100 employees or less? Yes / No

or

Question (4b)

any other business with 20 employees or less? Yes / No

5. PERIOD OF INSURANCE From: _____
To: _____

and any further period for which the Insurer agrees to provide cover.

INSURED PERSON(S) **All Directors and Employees of the Policyholder including accompanying Spouses / Partners and Dependant Children**

6. COVER REQUIRED All Business Travel (Outside 100 km and Overseas)
 Interstate and Overseas only
 Overseas only

7. TRAVEL DETAILS

	Overseas		Interstate		Beyond 100 km	
	No. of Individual Trips	Ave Duration	No. of Individual Trips	Ave Duration	No. of Individual Trips	Ave Duration
Directors - Employees						
Spouses/Partners						
Dependant Children						
Any Others						

8. Please advise usual destinations of overseas travel _____

9. Do you anticipate any of your Insured Persons flying as a passenger in a light aircraft/helicopter? Yes/No
 If Yes, please answer Questions 10 – 14. Please note that the premiums stated in this proposal form do not apply if you have more than 2 individual flights in a light aircraft/helicopter.
 If No, please proceed to question 15.

Please provide the following details:

10. Anticipated number of Chartered/Unscheduled flights in (i) single engine aircraft _____
 (ii) twin engine aircraft _____
 (iii) helicopter _____

11. No of persons likely to travel together in Chartered/Unscheduled flights _____

12. What is the purpose of the flight? _____

13. What are the likely destinations? _____

14. Does the **Policyholder** own or lease aircraft? If so please provide details. _____

Please note that the Policy excludes Piloting risk. If you require cover for pilots whilst flying the aircraft, you will need to contact us, so that you can complete a Chubb Pilot Questionnaire form.

15. Has the **Policyholder** had any claims relating to travel insurance? (If so, please provide details. If not enough space attach another page with details.)

Benefit	Plan Option 1	Plan Option 2	Plan Option 3 (Create your own)
1 Death & Capital Benefits	\$100,000	\$250,000	\$
Accident Weekly Benefit	\$500 per week	\$750 per week	\$
Benefit period (14 day deductible)	156 weeks	156 weeks	
2 Overseas Medical Expenses	\$2,000,000	\$Unlimited	\$
3 Emergency Evacuation	\$100,000	\$100,000	\$
4 Repatriation of Mortal Remains	\$20,000	\$20,000	\$
5 Cancellation, Curtailment, Additional Expenses	\$100,000	\$100,000	\$
6 Personal Liability	\$2,000,000	\$5,000,000	\$
7 Luggage, Personal Effects, Travel Documents, Money and Credit Cards	\$5,000	\$10,000	\$
Specified Items: Money and Credit Cards	\$1,250	\$2,500	\$
8 Alternative Employee or Resumption of Journey Expenses	\$5,000	\$10,000	\$
9 Rental Vehicle Collision Damage & Theft Waiver	\$2,500	\$5,000	\$
10 Missed Transport Connection	\$2,500	\$5,000	\$
11 Extra Territorial Workers Compensation Weekly Benefit	\$500 per week	\$500 per week	\$
Common Law	\$500,000	\$500,000	\$
12 Kidnap, Ransom & Extortion	\$250,000	\$250,000	\$
13 Political and Natural Disaster Evacuation Expenses	\$10,000	\$20,000	\$
14 Corporate Traveller's Family Assistance	As per Policy	As per Policy	As per Policy

16. PLAN OPTION SELECTED**Plan 1****Plan 2****Plan 3**

Please Tick if faxing
OR
Bold if emailing

Standard Wording
 With Terrorism cover

Standard Wording
 With Terrorism cover

Standard Wording
 With Terrorism cover

Our Minimum premium is \$750.00 plus Statutory Government Charges.

Cover is not bound, unless confirmation is received by Us in writing.

AGGREGATE LIMITS UNDER YOUR POLICY SHOULD WE ACCEPT YOUR PROPOSAL FORM ARE:

- \$ 1,000,000 any one accident or series of accidents arising out of the one event.
- \$ 100,000 (Plan Option 1) and \$ 250,000 (Plan Option 2) any one accident or series of accidents arising out of one event where Air Travel is undertaken in an aircraft whose flight(s) is/are not conducted within fixed schedules to and from fixed terminals or specific routes.
- \$ 500,000 Extra Territorial Workers Compensation
- \$ 250,000 Kidnap, Ransom & Extortion
- \$ 50,000 Political and Natural Disaster Evacuation Expenses

Our Corporate Travel Policy incorporates the following features:

- **Automatic cover for Terrorism, including Biological, Chemical and Nuclear (BCN) Terrorism, and the use of Weapons of Mass Destruction (WMD) by Terrorists**
- **No Baggage Limit any one item.**
- **Automatic Cover for Portable Business Equipment of up to \$5,000 within the Luggage Sum Insured**
- **With respect to Rental Vehicle Collision Damage and Theft Excess Cover, the client is NO LONGER required to purchase the excess reduction when they obtain Comprehensive Motor Insurance from the car rental Company**
- **All overseas leisure travel automatically included for Directors and accompanying Relatives**
- **No pre existing condition exclusion provided the Insured Person is fit to travel**
- **Journeys covered up to 180 days**
- **Broken bones benefit up to \$5,000**
- **The Policy covers Medical Expenses for 24 months**
- **The sum insured has been split for Medical, Evacuation and Cancellation / Additional Expenses therefore providing more coverage**
- **Surgical benefit \$20,000 for specified procedures**
- **Hijack cover for \$1,000 per day up to \$15,000**
- **Legal costs for wrongful arrest \$50,000**
- **Bedcare Benefit included for \$200 per day to \$5,000**
- **Reimbursement for loss of Frequent Flyer points**
- **Emergency replacement of essential luggage \$3,000 after 8 hours**
- **Replacement cover under Baggage**
- **Credit Card fraud coverage extended to full policy section limit**
- **Extortion cover included under Kidnap and Ransom**
- **Political evacuation extended to include natural Disaster**
- **\$25,000 benefit of non travelling Spouse dies by Accident whilst the Employee is on a Journey**
- **\$5,000 benefit for each non travelling Dependant Child if the Employee dies by Accident whilst on a Journey maximum \$10,000**

NOTES

The Benefit Amount for Accompanying Children under 18 years of age for death (Event 1) will be 10% of the Personal Injury Sum Insured or \$20,000 whichever is the lesser.

The Operation of Cover operates whilst an **Insured Person** is engaged in a **Journey** of less than 180 days from the **Insured Persons** date of departure.

Definition of **Journey** is any **Journey** which: 1. Commences during the **Period of Insurance**; and 2. Is undertaken on Your behalf for a business purpose; and 3. Is authorised by You; and 4. Begins and ends in Australia.

A **Journey** commences at the time the **Insured Person** leaves their normal place of residence or work, whichever is the place of departure for the **Journey**, and ends at the time the **Insured Person** returns to the **Insured Person's** normal residence or normal place of work, whichever occurs first. A **Journey** includes associated holiday travel for all **Insured Persons** and overseas leisure travel for Your Directors and the accompanying relatives (if insured).

A **Journey** does not include any normal commutation travel between the **Insured Person's** normal residence and normal place of work.

Standard Chubb definitions, exclusions, conditions and claims procedures to apply.

Please Note the Following:

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty under the law to disclose to the insurer every matter that You know, or could reasonably be expected to know that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so on what terms. You have the same duty to disclose those matters to the insurer before You renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- ◆ that diminishes the risk to be undertaken by the insurer;
- ◆ that is of common knowledge;
- ◆ that Your insurer knows or, in the ordinary course of its business, ought to know; and
- ◆ as to which compliance with Your duty is waived by the insurer.

Non-Disclosure

If You fail to comply with Your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If Your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

In reliance upon the statements made in the proposal for insurance forming a part of this Policy, and in consideration of the premium paid, We agree to insure You against loss covered under this Policy, subject to and in accordance with the Schedule, the Schedule of Sums Insured, the exclusions, limitations, provisions and terms described herein.

21 day cooling – off period

You have the right to return the policy to Us within 21 days of the date that cover is incepted ("cooling off period") unless a claim is made under the policy within the cooling off period.

If You return the policy during the cooling off period, we will refund the full amount of the premium less any taxes or duties payable. The policy will be terminated from the date we are notified of a request to return it. To return the policy, we must be notified in writing within the cooling off period. This can be done by contacting Us at any of the Chubb branches, contact details of which are on the front cover of this document.

Confirmation of Transactions

If You accept our terms and wish to confirm that Your insurance is in place, we provide a telephone confirmation service. To use this service, call Us on (Melbourne) 03 9242 5111, (Perth) 08 6211 7777, or (Sydney) 02 9273 0100 and we will send You written confirmation. If You do not wish to use our telephone confirmation service but require confirmation of cover, you can request this by writing directly to us at the Accident & Health Department:

- ◆ Victoria, Tasmania & South Australia: - Level 14, 330 Collins Street, Melbourne 3000
- ◆ New South Wales & Queensland:- Level 36, 264-278 George Street, Sydney 2000
- ◆ Western Australia:- Level 22, 2 The Esplanade, Perth 6000

Our Privacy Policy

In the course of providing insurance and processing insurance claims, we need to collect personal information about persons that we insure and persons associated with persons we insure. In accordance with the Privacy Act 1988, this statement contains the information required to be given to persons about whom we collect personal information.

Our privacy policy statement is readily available; please contact Us if You would like a copy. Our Contact details are shown on the front cover of this document.

Your access to Your personal information

You can request access to personal information, which we hold about You. Your rights to access and our rights to refuse access are set out in the Privacy Act 1988.

Our use of personal information

We may at any time use personal information we collect about You for any of the following purposes:

- ◆ to provide a quotation or assess a proposal for insurance;
- ◆ to provide, amend or renew an insurance Policy; and
- ◆ to respond to a claim.

Our disclosure of personal information

We may at any time disclose personal information we collect about You to the following types of organisations (some of which may be outside Australia):

- ◆ re-insurers;
- ◆ external valuers and appraisers;
- ◆ loss adjustors and other investigators;
- ◆ professional advisers, such as accountants and lawyers; and
- ◆ other organisations that provide services to Us in relation to the provision of insurance.

If You do not provide Us with the personal information we need

We only collect personal information that we need to provide insurance to You or to a person with whom You are associated, and to respond to any claim that You or that other person makes under an insurance Policy with Us. If You do not give Us this information we may not be able to provide insurance or process a claim.

Disclaimer: For promotional purposes, Chubb refers to member insurers of the Chubb Group of Insurance Companies. Coverage is underwritten by Chubb Insurance Company of Australia Ltd. This information is for marketing purposes only. The precise coverage afforded is subject to the terms and conditions outlined in the Product Disclosure Statement (PDSCTIP 1003) and policy wording as issued. PDSs and Policy wordings can be obtained by contacting any Chubb office. Chubb recommends considering the PDS and policy wording in deciding whether to acquire or to continue to hold this product.

Broker: _____ **Broker Contact:** _____

Contact: _____

Telephone Number: _____ **Facsimile Number:** _____