

Corporate Travel Insurance Questionnaire

Completing this form

1. This form must be completed in full.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The nominated insurer may require their specific proposal/application form to be completed prior to accepting the insurance.

Duty of Disclosure

Before you enter into a contract of general insurance with insurers, you have a duty, under both the Insurance Contracts Act 1984 and the Marine Insurance Act 1909, to disclose to them every matter that you know, or could reasonably be expected to know, that is relevant to their decision on whether to insure you and, if so, on what terms.

You have the same duty to disclose those matters to your insurer before you renew, extend, vary or reinstate a contract of general insurance. This duty however, does not require disclosure of a matter that:

- diminishes the risk to be insured;
- is of common knowledge;
- your insurer knows or in the ordinary course of our business they ought to know;
- your insurer indicates to you that they do not want to know.

Non-disclosure

If you fail to comply with your duty of disclosure insurers may be entitled to reduce their liability under the contract in respect of a claim or, in certain circumstances, they may cancel the contract. If your non-disclosure is fraudulent, they may also have the option of avoiding the contract from its beginning.

Privacy

Logical Insurance Brokers is bound by the Privacy Act 1988 (Cth).

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For further information about our Privacy Policy, please refer to our website

Section 1. Details of the entity requiring Insurance

Full Company Name	<input style="width: 90%;" type="text"/>		
Subsidiaries & Associated Entities	<input style="width: 90%;" type="text"/>		
Contact Phone	<input style="width: 25%;" type="text"/>	Email	<input style="width: 60%;" type="text"/>
ABN	<input style="width: 20%;" type="text"/>	Website	<input style="width: 60%;" type="text"/>
Registered address	<input style="width: 45%;" type="text"/>	Post code	<input style="width: 20%;" type="text"/>
Physical address (If different from registered address)	<input style="width: 45%;" type="text"/>	Post code	<input style="width: 20%;" type="text"/>
Postal address	<input style="width: 45%;" type="text"/>	Post code	<input style="width: 20%;" type="text"/>
Contact person within your company	<input style="width: 90%;" type="text"/>		
Contact Phone	<input style="width: 25%;" type="text"/>	Email	<input style="width: 60%;" type="text"/>

Section 2. Details of Trips

Annual Estimates	Number of trips	Average day duration of trip
Overseas Business Trips <i>(Note: Incidental leisure trips do not need to be noted)</i>		
Domestic Business Trips <i>(Note: Incidental leisure trips do not need to be noted)</i>		
Pure Leisure Overseas Trips <i>(Note: This cover available for C Level employees only)</i> <i>Leisure trips that are part of business trips noted above do not need to be declared.</i>		
Pure Leisure Domestic Trips <i>(Note: This cover available for C Level employees only)</i> <i>Leisure trips that are part of business trips noted above do not need to be declared.</i>		

Note: The declaration of trips should equate to one trip for each business person travelling. For example, if there are 5 business people flying to NZ on the same flight, this would be counted as 5 trips not 1 trip. Do not include accompanying spouses and dependent children as they are automatically included.

Will any travelling company employees be performing manual labour duties in mining, construction, fishing, transport, agricultural or manufacturing industries?

Yes No

If **YES**, please provide details below

Do you require contractors/subcontractors to be noted on the policy?
(If yes, please ensure these trips are declared above)

Yes No

Do you require voluntary workers to be noted on the policy?
(If yes, please ensure these trips are declared above)

Yes No

Section 3. Period of cover required

From 4pm

/ /

To 4pm

/ /

Section 4. Claims Experience (AUD)

Have you experienced any claims over the last 5 years?

Yes No

If **YES**, please complete the details below.

Claims details	Year:.....	Year:.....	Year:.....
Value of claims paid/losses incurred	\$	\$	\$
Value of any claims/losses outstanding	\$	\$	\$
Number of claims/losses			
Brief details of each claim/loss			

Have you had any uninsured losses over the last 5 years?

Yes No

If **YES**, please provide details below

Claims Details	Year:.....	Year:.....	Year:.....	Year:.....
No. of Claims				
Claims Amount	\$.....	\$.....	\$.....	\$.....

Have you ever had a travel insurance claim declined or refused?

Yes No

If **YES**, please provide details below

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Are you aware of any claims, actions or investigations pending or outstanding against the proposed insured company or traveller?

Yes No

If **YES**, please provide the details

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Section 5. Prior Insurance

Name of your current or prior insurer

Due date for renewal

 /

Has any insurer ever declined insurance or imposed special conditions?

Yes No

If **YES**, which insurer and provide the details

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Has any insurer ever cancelled or refused to renew your insurance?

Yes No

If **YES**, which insurer and provide the details

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Section 6. Declaration

I/We authorise Logical Insurance Brokers to collect or disclose any personal information relating to this insurance to/from any insurers/underwriters or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and other important notices contained within Page 1 of this questionnaire and confirm that no information has been withheld which could affect insurers accepting this insurance.

Name of proposer (Company)

Name of proposer (Principal)

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Signature of proposer **Date**/...../.....

(Capacity in which signed - Please circle where applicable: Director / Company Secretary / General Manager / Partner / Sole Trader/CFO/Financial Controller)

No insurance cover is provided until this form is accepted by the nominated insurer and details of cover are confirmed in writing by Logical Insurance Brokers.

Please return this completed form to Logical Insurance Brokers:

E: team@logicalinsurance.com.au