



Corporate travel insurance



Liberty
International
Underwriters

Proposal form

Important Notices

Duty of Disclosure

Before you enter into an insurance contract with us, you have a duty of disclosure under section 21 of the Insurance Contracts Act 1984 (Cth), to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept this insurance risk and if so, on what terms. This duty of disclosure applies until the commencement of the policy.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance. Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or should know in the ordinary course of the insurance business; or
- where we waive your duty of disclosure.

If you fail to comply with your duty of disclosure, we may be entitled to reduce the amount we would pay you if you make a claim, cancel your insurance contract, or both.

If your non-disclosure is fraudulent, we may refuse to pay your claim and treat the contract as if it never existed.

Privacy Notice

We are bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when we collect and handle your personal information. This notice provides some key information about our privacy practices in relation to personal information. For full details, please see our privacy policy.

We collect personal information in order to provide our services and products, manage claims and for purposes ancillary to our business. We may collect, use and disclose your personal information for those purposes. Your personal information may include sensitive information such as information or opinion about your health and/or medical records. Personal information is in some circumstances collected from third parties, such as health providers and insurance brokers.

We may disclose personal information to third parties involved in this process such as our related companies, reinsurers, agents, loss adjusters, health providers and other service providers.

We may store your information with third party cloud or other types of networked or electronic storage providers.

Third party providers may be located overseas including in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia.

Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from LIU. If you do not provide all of the personal information LIU or other relevant third parties require to offer or provide you with specific products or services, LIU may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how LIU collects or handles your personal information please write to LIU's Privacy Officer at

- Level 27, 1 Macquarie Place, Sydney NSW 2000; or
- Email: privacy.office.ap@libertyiu.com.

To obtain a copy of LIU's privacy policy go to LIU's website (www.liuaustralia.com.au) or request a copy from LIU's Privacy Officer at the above email or postal address.

HOW TO FILL OUT THIS FORM

Please ensure you answer all questions. Any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured Organisation or Company

Address of Insured

Nature of Business

Period of Cover

From

To

Category Insured Persons

1 All directors, employees, contractors, consultants of the Insured including accompanying spouse/ partner and dependent children.
Nominated Persons – Please describe

2 Other – Please describe

Travel Details	Number of Trips	Average Duration	Days/Weeks
International Business Travel			
International Leisure Travel			
Domestic Business Travel			
Domestic Leisure Travel			
Trip Radius	50km <input type="checkbox"/>	100km <input type="checkbox"/>	150km <input type="checkbox"/>

Will there be any travel to any of the following countries?

Afghanistan, Nigeria, Pakistan, Somalia, Sudan, Syria, Yemen, Iraq, North Korea or Chechnya Yes No

If Yes, please provide full details:

Number of trips	Average duration	Number of people travelling together

Security precautions to be taken

Will any insured person be taking part in any of the following hazardous activities?

Racing, other than on foot	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hang gliding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Off-piste snow skiing or snowboarding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
BASE jumping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Motocross	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Freestyle BMX riding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Professional sports	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Will any insured person be taking part in any of the following hazardous activities? (continued)

Mountaineering or rock climbing using ropes, rock climbing equipment or oxygen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scuba diving, unless they hold an Open Water Diving Certificat	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manual work	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered Yes to any of the above, please provide full details:

Have you previously been insured for this type of insurance?

Yes No

If Yes, with whom?

Have you ever had any losses for this type of insurance, regardless of whether you were insured or not?

Yes No

If Yes, please provide details:

Date of loss	Details of the loss	Amount (\$)

If you have additional losses, please attach a full listing from your previous insurer(s).

Section	Benefit		Other
1	Overseas Medical Expenses and Evacuation	Unlimited	
2	LIU Global Emergency Assistance	Included	
3	Cancellation and Curtailment	Unlimited	
	Loss of Deposits	\$10,000	
	Alternative Employee/Resumption of Journey	\$10,000	
	Missed Transport Connection	\$5,000	
4	Baggage	\$25,000	
	Electronic Equipment	\$7,500	
	Money and Travel Documents	\$5,000	
	Excess – Section 4 only	\$100	
5	Part A – Death and Capital Benefits – Employee	7 x salary up to \$500,000	
	Part A – Death and Capital Benefits Accompanying Spouse or Partner	\$250,000*	
	*Death Benefit – Event 1 limited to \$25,000 in respect of Dependent Children		
	Part B – Fractured Bones	As per Policy up to \$5000	\$5000

Section (continued)			Benefit	Other
	Part C – Loss of Income – Weekly Injury Benefi	85% of salary up to	\$1,500	
		Benefit Perio	156 weeks	
		Excess Period	7 Days	
	Part D – Loss of Income – Weekly Sickness Benefi	85% of salary up to	\$1,500	
		Benefit Perio	156 weeks	
		Excess Period	7 Days	
	Part E – Injury – Surgical Benefits Oversea	As per Policy up to	\$20,000 any one claim	\$20,000 any one claim
	Part F – Sickness – Surgical Benefits Oversea	As per Policy up to	\$20,000 any one claim	\$20,000 any one claim
	Part G – Dental Injury	Total loss of tooth	\$250 per tooth max \$1,000 any one claim	\$250 per tooth max \$1,000 any one claim
		Chipping of tooth	\$100 per tooth max \$400 any one claim	\$100 per tooth max \$400 any one claim
6	Rental Vehicle Excess		\$5,000	
7	Personal Liability		\$10,000,000	
8	Political Unrest and Natural Disaster Evacuation		\$25,000	
9	Kidnap, Ransom and Extortion		\$250,000	
10	Extra Territorial Workers' Compensation	Weekly Benefi	\$1,500	
		Common Law	\$1,000,000	
11	Hijack, Detention and Legal Costs	Daily Benefi	\$150	
		Max Days	100	
		Legal Costs	\$50,000	
12	Worldwide Search and Rescue	Any One Claim	\$50,000	
13	Additional Benefit		Included	

Aggregate Limits of Liability:			Benefit	Other
Section 5	Personal Accident and Sickness	Any One Occurrence	\$5,000,000	
		Non Scheduled Flying	\$500,000	
Section 9	Kidnap, Ransom and Extortion		\$1,000,000	
Section 10	Extra Territorial Workers Compensation		\$1,000,000	
Section 12	Worldwide Search and Rescue	Any one Policy Period	\$100,000	
All	War/Civil War	Any one event	\$100,000	
		Any one Policy Period	\$500,000	

Are there any conferences you require cover for?

Yes

No

Conference Details:

Is cover required for any conferences? Yes No

If Yes, please provide details:

Conference dates From To

Conference Location

Number of People Attending

Ground Aggregate Limit Required Flight Aggregate Limit Required

Number of People on Flight Number of People on Ground Transport

Add more details as required:

If you have requested an increase for non-scheduled flying, please complete the following:

Type of Aircraft	Number of Return Flights	Average Duration	Average Number of Employees any one flight	Maximum Number of Employees any one flight
Helicopter Flights – Overseas				
Fixed Wing Twin Engine Flights – Overseas				
Fixed Wing Single Engine Flights – Overseas				
Helicopter Flights – Australia				
Fixed Wing Twin Engine Flights – Australia				
Fixed Wing Single Engine Flights – Australia				
Helicopters – Oil Rigs				
TOTAL				

Where are flights to and from and detail type of tarmac:	To	From	Tarmac

Does this include Fly in/Fly out? Yes No

Provide separate details of rosters, number of persons, number of trips, destinations and duration:

DECLARATION:

I, _____, the undersigned, declare and acknowledge as agent of the Insured:

1. I am authorised as agent of the Insured to complete this proposal;
2. that after enquiry of the Insured, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, are true and correct and that until a contract of insurance is entered into, the Insured is aware that it is obliged to inform LIU of any changes to any information supplied or of any new information that is relevant;
3. that after enquiry of the Insured, the Insured understands LIU relies on the accuracy of the information and documentation supplied proposing for this insurance;
4. that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
5. that after enquiry of the Insured, the Insured have read and understood the Important Notices which form part of this proposal; and
6. that we understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by LIU, if any.

Name of signatory _____

Signature _____ Date _____