

Corporate Travel

Proposal form

Issued by Agile Underwriting Services Pty Ltd
ABN 48 607 908 243 — AFSL 483374



**Accident
& Health**

Powered by  **AGILE.** Coverholder at **LLOYD'S**

Important Information

- Please complete all relevant sections of this proposal form to enable us to provide you with an insurance quotation.
- This proposal form can be completed electronically, alternatively you can manually complete the proposal form and email it to your Insurance Broker.
- We take your privacy very seriously. If you would like to review our Privacy Policy you can call us on 1300 475 092 or email us at privacy@agileunderwriting.com or visit our website www.agileunderwriting.com.

Section 1 – Company Details

1. Names of all entities to be insured:

Name of Insured Company:

ABN:

2. Contact details:

Telephone number:

Email address:

3. Address of principal office:

Street Address:

City:

State:

Postcode:

4. Address of other office(s):

Street Address:

City:

State:

Postcode:

5. Nature of Business:

6. Insured Persons:

7. What period of insurance is required? (DD/MM/YY)

From:

/ /

To:

/ /

Section 2 – Risk Details

8. What is the occupation of the insured person(s)?

9. What are the occupational duties involved whilst on a business trip?

10. What is the maximum number of persons travelling together?

11. What is the maximum age of an insured person travelling?

12. Please provide the trip estimates for the next 12 months:
(1 insured person travelling = 1 return trip)

BUSINESS TRAVEL ESTIMATES

Destination	White collar travel (i.e. office worker)			Blue collar travel (i.e. manual labour)		
	Total number of trips	Average duration (days)	Maximum duration (days)	Total number of trips	Average duration (days)	Maximum duration (days)
Domestic						
Interstate						
Intrastate						
Overseas domestic						
Overseas						
Africa						
Asia						
UK & Europe						
Middle East						

North America & Canada						
New Zealand & Pacific Islands						
South & Central America						

(for trips involving multiple travel destinations, please select the destination with the longest duration of stay)

LEISURE TRAVEL ESTIMATES

Destination			
Domestic	Total number of trips	Average duration (days)	Maximum duration (days)
Interstate			
Intrastate			
Overseas domestic			
Overseas			
Africa			
Asia			
UK & Europe			
Middle East			
North America & Canada			
New Zealand & Pacific Islands			
South & Central America			

(for trips involving multiple travel destinations, please select the destination with the longest duration of stay)

13. Are any insured persons travelling to remote and/or high risk locations, where the Australian Government recommends travellers do not travel to?

Yes ☐ No ☐

If yes, please provide details:

14. Are any insured persons engaging in activities including but not limited to sports?

Yes ☐ No ☐

If yes, please provide details:

15. Will there be any Charter/Non-scheduled flights?

Yes ☐ No ☐

If yes, please complete the following table:

Charter/Unscheduled flights

	Number of flights	Average number of insured persons any one flight	Maximum number of insured persons any one flight	Typical locations
Domestic				
Fixed-wing single engine				
Fixed-wing twin engine				
Helicopter				
Overseas				
Fixed-wing single engine				
Fixed-wing twin engine				
Helicopter				

16. Are any Charter/Non-scheduled flights to offshore platforms, vessels or rigs?

Yes ☐ No ☐

17. Is there any fly in / fly out (FIFO) travel?

Yes ☐ No ☐

(FIFO is considered travel by any mode of transport, conducted in accordance with a pre-determined work roster and involved an overnight stay)

FIFO TRAVEL ESTIMATES

Destination	White collar travel (i.e. office worker)			Blue collar travel (i.e. manual labour)		
	Total number of trips	Average duration (days)	Maximum duration (days)	Total number of trips	Average duration (days)	Maximum duration (days)
Domestic						
Interstate						
Intrastate						
Overseas domestic						
Overseas						
Africa						
Asia						
UK & Europe						
Middle East						
North America & Canada						
New Zealand & Pacific Islands						
South & Central America						

(for trips involving multiple travel destinations, please select the destination with the longest duration of stay)

18. What scope of cover is required for FIFO?

☐ 24/7

☐ 24/7 excluding whilst On-site

Section 3 – Benefits

Standard benefits are included automatically; alternatively cover can be tailored by selecting from the following benefits:

19. Do you require all benefits?

Yes ☐ No ☐ (If you select No, then please select all required benefits from the list below)

Benefit	✓	Suggested benefit amount	Other benefit amount	Benefit	✓	Suggested Benefit amount	Other Benefit amount
Death and Capital Benefit	<input type="checkbox"/>	\$250,000	\$	Kidnap, Detention, Extortion and Ransom	<input type="checkbox"/>	\$1,000,000	\$
Weekly Injury Benefit	<input type="checkbox"/>	\$2,000	\$	Hijack Benefit	<input type="checkbox"/>	\$1,000*	
Weekly Sickness Benefit	<input type="checkbox"/>	\$2,000	\$	Illegal Detention Benefit	<input type="checkbox"/>	\$500*	
Broken Bones Benefit	<input type="checkbox"/>	\$5,000	\$	Identity Theft Extension Benefit	<input type="checkbox"/>	\$10,000	
Medical and Medical Evacuation Expenses Benefit	<input type="checkbox"/>	Unlimited	\$	Corporate Event Benefit	<input type="checkbox"/>	\$10,000	
Hospitalisation Overseas Expenses Benefit	<input type="checkbox"/>	\$200*		Extra Territorial Workers Compensation	<input type="checkbox"/>	\$1,000,000	
Repatriation of Mortal Remains / Funeral Expenses	<input type="checkbox"/>	\$10,000		Alternative Employee / Resumption of Journey Expenses Benefit	<input type="checkbox"/>	\$10,000	
Repatriation of Belongings Benefit	<input type="checkbox"/>	\$2,500		Hire Vehicle Excess Benefit	<input type="checkbox"/>	\$5,000	
Loss of Deposits and Cancellation Expenses	<input type="checkbox"/>	\$20,000	\$	Private Vehicle Excess Benefit	<input type="checkbox"/>	\$5,000	
Baggage Benefit	<input type="checkbox"/>	\$10,000	\$	Personal Liability	<input type="checkbox"/>	\$5,000,000	\$
Missed Transport Connection	<input type="checkbox"/>	\$5,000		Political Risk, Natural Disaster and Personal Safety Evacuation Expenses	<input type="checkbox"/>	\$25,000	
Accommodation Expenses	<input type="checkbox"/>	\$500†		Legal Expenses	<input type="checkbox"/>	\$50,000	
Overbooked Flight Benefit	<input type="checkbox"/>	\$2,500		Search and Rescue Expenses	<input type="checkbox"/>	\$20,000	
Additional and/or Forfeited Expenses	<input type="checkbox"/>	\$20,000	\$	* per day up to a maximum of 30 days † per day up to a maximum of 14 days			

Section 4 – Optional Benefits

The following benefits are NOT included as standard. You can choose to include all of these benefits or cover can be tailored by selecting from the following benefits:

20. Do you require all benefits?

Yes ☐ No ☐ N/A ☐ (If you select No, then please select all required benefits from the list below)

Benefit	✓	Suggested benefit amount	Other benefit amount	Benefit	✓	Suggested Benefit amount	Other Benefit amount
Accidental HIV Infection Lump Sum Benefit	<input type="checkbox"/>	\$10,000	\$	Partner Employment Training Benefit	<input type="checkbox"/>	\$10,000	
Childcare Benefit	<input type="checkbox"/>	\$5,000		Retraining and Rehabilitation Expenses Benefit	<input type="checkbox"/>	\$5,000	
Dependent Child Supplement Benefit	<input type="checkbox"/>	\$2,000		Unexpired Membership Benefit	<input type="checkbox"/>	\$1,000	
Orphaned Benefit	<input type="checkbox"/>	\$10,000*		Pet Boarding Expenses Benefit	<input type="checkbox"/>	\$2,500	\$
Education Fund Benefit	<input type="checkbox"/>	\$10,000*		Trauma Counselling Benefit	<input type="checkbox"/>	\$15,000	\$
Corporate Image Protection Benefit	<input type="checkbox"/>	\$15,000		Data Connection Benefit	<input type="checkbox"/>	\$2,500	
Financial Advice Benefit	<input type="checkbox"/>	\$10,000		Data Recovery Benefit	<input type="checkbox"/>	\$5,000	
Coma Benefit	<input type="checkbox"/>	\$100†		Lost Keys and Locks	<input type="checkbox"/>	\$2,000	
Family Accommodation and Transport Expenses Benefit	<input type="checkbox"/>	\$2,000	\$	Towing and Roadside Assistance Expenses	<input type="checkbox"/>	\$5,000	
Home and Vehicle Modification Benefit	<input type="checkbox"/>	\$10,000	\$	Driver Services Benefit	<input type="checkbox"/>	\$5,000	\$
Partner Accidental Death Benefit	<input type="checkbox"/>	\$30,000	\$	* up to a maximum of \$30,000 † per day up to a maximum of 180 days			

Annual Aggregate Limit of Liability			
	✓	Suggested amount	Other amount
Aggregate Limit of Liability	<input type="checkbox"/>	\$1,000,000	\$
Aggregate Limit of Liability for Charter/ Non-Scheduled flights	<input type="checkbox"/>	\$1,000,000	\$
Aggregate Limit of Liability for Scheduled flights	<input type="checkbox"/>	\$1,000,000	\$

Section 5 – Broker Details

Name of Insurance Brokerage:	Name of Contact Person at Insurance Brokerage:	
Email Address:	Contact Number:	

Section 6 – Claims History

21. **Have you previously been insured for this type of risk?** No ☐ Yes ☐

If yes, please provide an up to date claims experience and submit with this proposal form.

Declaration

Privacy Declaration

I/We agree that, by submitting this form, the personal information I/we provide to Agile in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy, including providing quotation(s). Yes ☐

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this risk has been withheld. I/We understand that this risk may be refused if information is untrue, inaccurate or concealed. Yes ☐

Signed by:

Name of Contact Person:	On behalf of (insert name of firm):
Signature:	Date: (DD/MM/YY) / /