



Corporate Travel

Proposal form

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

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LLOYD'S Underwriters

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 705 031 or email us at privacy@withagile.com or visit our website www.withagile.com.
- [The Product Disclosure Statement is available here.](#)

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						
Domestic Intrastate						
Overseas domestic						
Overseas						
Africa						
Asia						
UK & Europe						
Middle East						

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)
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			
	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)

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	<input type="checkbox"/>	Suggested benefit amount	Other benefit amount	Benefit	<input type="checkbox"/>	Suggested Benefit amount	Other Benefit amount
Death and Capital Benefit	<input type="checkbox"/>	\$250,000	\$	Kidnap, Detention, Extortion & 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 – Other

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

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

22. Have you or any director/partner/manager of the business ever:

(a) had insurance declined or cancelled? Yes No

(b) had an insurer refuse or not invite renewal? Yes No

(c) had any special conditions imposed on a policy of insurance? Yes No

(d) had a special excess imposed on a policy of insurance? Yes No

(e) had a claim rejected under a policy of insurance? Yes No

(f) been declared bankrupt or placed into receivership or liquidation? Yes No

(g) been charged with or convicted of a criminal offence? Yes No

If yes to any of the above questions, please provide full details below:

Broker Details

Name of Insurance Brokerage:

Name of Contact Person at Insurance Brokerage:

Email Address:

Contact Number:

Duty of Disclosure

What You must tell Us

We will ask You various questions when You apply for cover. When You answer those 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. You have this same duty to disclose those matters to Us before You renew, extend, vary or reinstate Your Policy.

If You do not tell us

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

Declaration

I/we the undersigned duly authorised person(s) declare that:

- i) I am/we are authorised by each of the Insured to sign this Proposal Form; and
- ii) the above statements are correct, true and complete; and
- iii) no information material to this Proposal Form has been withheld; and
- iv) I/we have read the important information which you have put before me/us and I/we understand the advice given in relation to the duty of disclosure; and
- v) I/we have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and
- vi) I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii) I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii) I/we acknowledge that the insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance; and
- ix) except where indicated to the contrary, I/we understand that any statement made in this Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- x) I/we have read Agile's Privacy Statement on this Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement.

Signed by:

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