

Business Travel Insurance Proposal Form



Important Notices:

About SRS

The SRS Business Travel Insurance Product Disclosure Statement and Policy are issued by SRS Underwriting Agency Pty Ltd ABN 89 113 929 516 AFSL 290518 as Coverholder and agent on behalf of certain Underwriters at Lloyd's of London.

For details of your nearest SRS office, please visit www.srs.com.au or email info@srs.com.au

Your Duty of Disclosure

Under the *Insurance Contracts Act 1984* ("the Act"), you have a Duty of Disclosure. The Act requires that before a policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else to be insured under the policy and on what terms. Your Duty of Disclosure is different, depending upon whether this is a new policy or not.

New Business

What you must tell us

When answering our 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.

Who needs to tell us

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If you do not tell us

If you do not answer our questions in this way, we may reduce 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 worked.

Renewals, extensions, variations and reinstatements

Once the policy is entered into and is no longer new business, then your duty to us changes. Before you renew, extend, vary or reinstate your insurance, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

Non-disclosure

If you fail to comply with your Duty of Disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Complaints Handling

If you are dissatisfied with the policy, a decision SRS makes, SRS service, the service of others SRS appoints, or a claim settlement, SRS has an internal dispute resolution process to assist you. For further information, ask for a copy of the SRS Complaints and Disputes Resolution Policy or visit www.srs.com.au.

Privacy Statement

SRS handles your personal information with care in accordance with the Privacy Act. SRS collects information about you to provide you with insurance products and a claims service. SRS only provides your personal information to certain Underwriters at Lloyd's of London and insurers (who may be located overseas), assessors, claims administrators, claims adjusters, legal advisers, and others appointed by SRS or Underwriters or insurers to assist in providing relevant products and services, or as required or permitted by law. You may elect not to supply SRS with personal information, however, SRS may then not be able to provide you with insurance products and a claims service. Where you provide SRS with personal information about others, SRS relies upon you to have made them aware of that disclosure and of the SRS Privacy Policy and to obtain their consent. You can ask SRS to update this information at any time and access it unless a legal exception applies. For further information about how SRS treats your personal information, ask for a copy of the SRS Privacy Policy or visit www.srs.com.au.

General Insurance Code of Practice

SRS and Lloyd's of London proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from www.codeofpractice.com.au, or from SRS upon request.

Your Insurance adviser can assist you to complete this Proposal Form. They will send it to SRS so that we may quote on your insurance request.



Important Notices:

- Before completing this Proposal Form, please read the **SRS Business Travel Insurance Product Disclosure Statement and Policy Wording** carefully to ensure the Policy provides the cover that you require and so you are aware of all the contractual rights and obligations.
- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide attach an additional sheet of paper with the further information.
- All attached documents form part of this Proposal.
- This Proposal Form is to be completed by the Proposed Insured for and on behalf of all Insured persons to be covered by this insurance.

1. Proposed Insured

Full Name of the Insured:

Postal Address: Postcode:

Phone:..... Fax:

Contact Person: Email:

2. Period of Insurance required: From:..... at 4pm To:..... at 4pm

3. Nature of the Proposed Insured's Business (eg. manufacturing, retail, etc):

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4. Sums Insured

Section 1 – Personal Accident & Sickness

<i>Death & Capital Benefits (Events 1-18)</i>	\$
<i>Injury Resulting in Surgery (Events 19-23)</i>	\$
<i>Weekly Accident Benefit (Events 24-25)</i>	\$
<i>Fractured Bones Benefit (Events 26-33)</i>	\$
<i>Weekly Sickness Benefit (Events 34-35)</i>	\$
<i>Sickness Resulting in Surgery (Events 36-39)</i>	\$

Section 2 - Travel Cancellation / Curtailment / Additional Expenses \$

Sections 3 & 4 - Medical & Ancillary Expenses and SRS Assist \$

Section 5 - Baggage, Business Property, Electronic Equipment and Money / Travel Documents

<i>Baggage</i>	\$
<i>Electronic Equipment</i>	\$
<i>Money</i>	\$

Section 6 - Alternative Employee / Resumption of Assignment Expenses \$

Section 7 – Personal Liability \$

Section 8 – Missed Transport Connection \$

Section 9 – Political / Natural Disaster Evacuation \$

Section 10 – Rental Vehicle Excess Waiver \$

Section 11 – Kidnap, Ransom, Extortion and Detention \$

Section 12 – Extra Territorial Workers Compensation \$

5. Business Travel Details

(a) Please complete the Travel Declaration below for the next twelve months.

Note: one person travelling counts as one return trip.

Destination	Number of Trips			
	Up to 14 days	15 to 31 days	32 to 90 days	91 to 180 days
Africa *				
Antarctica				
Asia *				
Central America *				
Europe				
Middle East *				
New Zealand				
North America				
South America *				
South Pacific				
United Kingdom				
Intrastate				
Interstate				

* If travelling to Africa, Asia, Central or South America or the Middle East, please list the destinations below:

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(b) Maximum number of Insured Persons travelling together for any one trip:

(c) Maximum age of Insured Persons travelling:

(d) Will the Proposed Insured be undertaking Charter / Non Scheduled air travel? Yes or No

If Yes, please provide the following information:

(i) Number of trips:

(ii) Departing from:

(iii) Destination:

(iv) Length of Trip:

(v) Type of landing strip:

(vi) Purpose of flight:

(vii) Charter company:

(viii) Charter aircraft details:

6. Have you previously been insured for Business Travel Insurance? Yes or No

If Yes, please provide a five (5) year claims history with this application.

7. Are you aware of any accidents, sickness, illness or disease that has prevented any of the persons to be covered under this policy from attending to their usual occupation or duties for periods of more than fourteen consecutive days during the past three years? Yes or No

If Yes, please provide details:

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8. Has an application for insurance for the proposed Insured ever been declined or accepted on special terms for Group life, accident, sickness / illness or business travel insurance, or has any Insurer ever cancelled or declined to renew such a policy? Yes or No

If Yes, please provide details:

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Declaration and Agreement:

I/We declare that:

- I/We am authorised by the Proposed Insured to sign this Proposal Form
- I/We have read and understood the **SRS Business Travel Insurance Product Disclosure Statement and Policy Wording** and the **Important Notices** on this Proposal Form.
- The answers and information given in this Proposal Form are true and complete and I/We have not withheld any material information.
- I/We agree to SRS collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the SRS Privacy Policy.
- I/We acknowledge that this Proposal Form does not constitute an offer. If accepted, a quotation based upon my/our information will be provided by SRS.

Signature:..... **Date:**

Full Name:

Position: