



CORPORATE TRAVEL APPLICATION FORM

HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

Full Name of the Insured _____

Address _____

 _____ State _____ Postcode _____

Nature of Business _____

Insured Persons _____

Broker _____

Period of Insurance **From:** |__/__/__| **To:** |__/__/__|

Corporate Travel Activity (1 person = 1 trip)

Destination	Number of Trips	Average Duration per trip (days)
Domestic		
Interstate		
Intrastate		
Overseas		
Africa		
Asia		
Middle East		
Europe		
North America		
South America		
Oceania		
Antarctica		
TOTAL		

If Intrastate, what Radius _____ (kms)

Maximum No. of Employees travelling together _____

Will the Insured be undertaking Charter/Non-Scheduled flights? **Yes** **No**



If **Yes**, please provide the following information:

Type of Aircraft	Number of Flights	Average Duration	Average Number of Employees any one flight	Maximum Number of Employees any one flight
Helicopter Flights				
Fixed Wing Twin Engine Flights				
Fixed Wing Single Engine Flights				
TOTAL				

Name of Charter Company(ies) used: _____

Where are flights to and from: _____

Purpose of flight (e.g. aerial photography, mining): _____

Type of landing strip (e.g. tarmac): _____

Is any Fly In Fly Out Cover required? **Yes** **No**

If so, provide full details of Roster, purpose of work, occupations, where travel to and from, type of aircraft used and name(s) of charter companies.

Is cover required on site or for trip to and from site only: _____

Aggregate Limit of Liability \$ _____

Claims History

Have you previously been insured for this type of risk? **Yes** **No** **If Yes, please provide any claim details**

Date of Loss, Nature of Loss, Amount _____



Benefits Required	Sums Insured (\$)
Overseas Medical and Medical Evacuation Expenses	
Medical & Evacuation	_____
Continuous Bed Confinement	_____
Emergency Assistance	Included
Personal Accident & Sickness	
Event 1 – Accidental Death	_____
Events 2 – 19	_____
Weekly Injury Benefit	_____
Weekly Sickness Benefit	_____
Sickness Resulting in Surgery	_____
Injury Resulting in Fractured Bones	_____
Injury Resulting in Loss or Damage to Teeth	_____
Baggage, Portable Electronic Equipment & Money	
Deprivation of Baggage	_____
Personal Baggage	_____ Excess: _____
Money & Travel Documents	_____ Excess: _____
Portable Electronic Equipment	_____ Excess: _____
Travel Disruption	
Loss of Deposits	_____ Excess: _____
Cancellation & Curtailment	_____ Excess: _____
Alternative Employee/Resumption	_____ Excess: _____
Missed Transport Connection	_____ Excess: _____
Overbooked Flight	_____ Excess: _____
Rental Vehicle Excess Waiver	
Rental Vehicle Excess Waiver	_____
Kidnap, Ransom, Extortion, Hijack & Detention	
Kidnap, Ransom & Extortion	_____
Hijack & Detention	_____
Aggregate Limit of Liability (A)	\$ _____
Aggregate Limit of Liability (B)	\$ _____



IMPORTANT INFORMATION

INSURER

The Insurer of Your policy are Certain Underwriters at Lloyd's of London, who are authorised under the Insurance Act 1973 to write Australian Insurance business.

PRIVACY

Woodina Underwriting is committed to protecting the privacy of the personal information You provide Us. Woodina Underwriting collects, uses and retains Your personal information in accordance with the National Privacy Principles.

RENEWAL PROCEDURE

Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

DECLARATION

I/We hereby agree that this Declaration shall be the basis of the contract between me/us and Insurers.

Date _____ Signature of Insured _____