

TRAVEL INSURANCE PROPOSAL FORM

To help process your travel policy proposal as quickly and as accurately as possible please answer all the questions as indicated in this form.

NAME OF INSURED: (the name of a company, a group or an individual)

CONTACT DETAILS OF INSURED:

Postal Address

Email

Phone/Mobile

INSURED PERSONS: (enter the full name(s) of the individuals in a group or the individual to be insured, as applicable)

Names / ages A group is two or more people travelling together. If there is not enough space to enter the full names of all people in the group please add these at the end of the form or on a separate sheet attached to this form.

DATE OF DEPARTURE:

DATE OF RETURN:

DESTINATION:

Either Worldwide excluding North America, Worldwide including North America, Pacific (Australia and Pacific Islands)

REASON FOR JOURNEY: (please give a brief description, e.g., business, holiday, etc.)

ACTIVITIES DURING JOURNEY: (please give a brief description, e.g., business meetings, shopping, hiking, diving, fishing, etc. Be sure to include risk elements of your journey, if any). Please note any hazardous activities planned or extreme versions of sports.

Will you be taking any non-scheduled aircraft flights on your journey, e.g., crop dusting, scenic flights, private aircraft, etc.?

YES NO

If Yes please give details below:

PRE-EXISTING MEDICAL CONDITION (please refer to the policy for the exact)

Have you turned 80 years of age, if so then no cover is offered for pre-existing medical conditions. If you are under 80 years of age please describe the condition (s) below:

Also please visit your GP for written advise on whether you are fit to undertake the Journey or not.

Have you received written confirmation from your GP advising you that you are fit to travel?

YES NO

PREVIOUS TRAVEL INSURANCE CLAIMS

Have you had travel insurance in the past?

YES NO

If Yes please give details (dates of journey, brief description, insurer) below and list any claims made:

ESTIMATE OF ANNUAL TRAVEL DAYS (Split between days in Australia and the rest of the world)

SPECIFIED ITEMS:

Please give a brief description and value below of items over \$5,000. Please note extra premium and excess will apply for these items.

YOUR DUTY OF DISCLOSURE

Before You enter into a contract of insurance with an insurer, You have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is material to the insurer’s decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before You renew, extend, vary or reinstate a contract of general insurance.

You are to give Us in writing as soon as possible of every change materially varying any of the facts or circumstances existing at the commencement of this insurance. Your duty, however, does not require disclosure of a matter:

- That diminishes the risk undertaken by the insurer;
- That is common knowledge;
- That Your insurer knows or, in the ordinary course of his/her business, ought to know; and
- As to which compliance with Your duty is waived by the insurer

Who needs to tell Us

You must answer Our questions in this way for You and for anyone else You wish to be covered by the Policy.

Non-Disclosure

If you fail to comply with Your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

If you non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

SIGNATURE

Signature of Insured

Date

/ /

Day Month Year

ADDITIONAL INFORMATION

Please use the space below to add further names of those to be insured or any other information relevant to this proposal.