

CORPORATE TRAVEL PROPOSAL FORM

APPLICANT DETAILS

1. Named Insured:

2. Address:

3. Inception Date: / /

BUSINESS DETAILS

Please provide a detailed description of your business activities:

TRAVEL INFORMATION

Please provide travel days by region:

Region	Business & Associated Leisure Days	Pure Leisure Days
Internal		
Australia / Pacific / UK		
Europe		
Rest of World		
USA & Canada		
Total		

ADDITIONAL INFORMATION

Will the Insured be involved in any high risk activity such as SCUBA diving, sky diving, motorcycle riding, motorsport, professional sport, mountaineering, snow sports etc?

YES NO

Will the Insured travel on a non-scheduled flight (fixed wing or heli)?

YES NO

If yes, please provide the following information:

Type of aircraft	Number of Flights	Avg no. of people per flight	Max no. of people per flight
Helicopter			
Fixed wing, single engine			
Fixed wing, twin engine			
Totals			

Where are flights to and from?

Will the Insured travel into or within a location listed under a “Do not travel” advisory on the New Zealand Ministry of Foreign Affairs and Trade (MFAT) website at www.safetravel.govt.nz? YES NO

Will there be any large groups of more than ten insured persons travelling together (for instance on a bus, plane, boat, attending the same conference or staying at the same accommodation)? YES NO

Is the Insured involved in any dangerous work activities, including but not limited to work:

i. underground or underwater including mining or scuba diving? YES NO

ii. at elevations above 10m such as: roofing or window cleaning, installation or maintenance outdoors, building and construction? YES NO

iii. involving the use of toxic substances or explosives? YES NO

iv. involving heavy machinery or work aboard a marine vessel or structure? YES NO

v. to provide security services, humanitarian aid, peacekeeping, or as part of military or police forces, or in response to civil defence emergencies? YES NO

You do not need to disclose light manual work carried out at ground level.

If you have answered Yes to any of the questions above then please provide further information:

CLAIMS DETAILS

Has the policyholder (or to the best of your knowledge any insured persons) had any claims in relation to travel insurance in the last three years? YES NO

If yes, please attach full details.

DECLARATION

I / We declare that all information provided in this declaration form are true and correct, and that no material facts have been misstated or omitted after enquiry with all applicants. The information provided will form the basis of any insurance contract and that the contract may be avoided if any statement in this declaration is substantially incorrect or material to the contract.

I / We agree that if any of the information provided in this declaration form changes between the date of this form and the inception date of the insurance policy then I / We will give notice thereof.

Authorised Signature

Full name of individual

Position

Date: / /