

ACCIDENT & HEALTH

Business Travel Insurance - Proposal Form/Annual Declaration

IMPORTANT INFORMATION

Please use and attach additional sheet if insufficient space on this form.

PART 1 - Policy and Claimant Details

Name of Insured

Address

Nature of Business

Description of Persons to be Insured

Name of Broker

PART 2 - Travel Cover Requirements

☐ Overseas Business Travel Days ☐ Internal Business Travel Days

PART 3 - Travel Details

Travel Details	Number of travel days planned this year	Number of travel days prior year
Overseas Business		
Overseas Solely leisure		
Internal		

PART 4 - Non-Scheduled Aircraft

Non-Scheduled Aircraft? Yes ☐ No ☐

If YES, please give details

Number of fixed wing

Number of Helicopter

PART 5 - Schedule of Benefits

Schedule of Benefits		Sum insured (each insured person)
Section 1	Personal Accident and Sickness	\$250,000
Section 2	Kidnap & Extortion / Extortion	\$500,000
Section 3	Hijack & Detention (\$1,000 per day up to 15 days)	\$15,000
Section 4	Medical & Additional Expenses and Cancellation & Curtailment Expenses	Unlimited
Section 5	ACE Assistance	Included in Section 4
Section 6	Loss of Deposits	\$30,000
Section 7	Alternative Employee / Resumption of Assignment Expenses	\$20,000
Section 8	Baggage (limit any one item \$5,000) & Travel Documents	\$25,000
Section 9	Personal Liability	\$5,000,000
Section 10	Rental Vehicle Excess Waiver	\$5,000
Section 11	Search & Rescue Expenses (aggregate \$100,000)	\$20,000
Section 12	Political & Natural Disaster Evacuation (aggregate \$100,000)	\$20,000



insured.®

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PART 5 - Schedule of Benefits (continued)

Aggregate Limit of Liability

- a) Any one period of Insurance \$2,500,000
- b) Non-Scheduled Aircraft NIL (unless agreed)

PART 6 - Specified Items

Description	Value

PART 7 - Current Insurance Status

Are you currently insured for this class of risk?

Yes ☐ No ☐

If YES, please give details including list of all claims

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 notice 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 to be undertaken by the insurer;
- that is common knowledge;
- that Your insurer know or, in the ordinary course of his/her business, ought to know;
- 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 whom You want 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 Your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Signature of the Insured

Date



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