

## PROPOSAL FORM – CORPORATE TRAVEL INSURANCE

Before completing this form, please read the following information.

### Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

### If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Privacy

The Privacy Act 1988 (Cth) regulates the manner in which organisations collect, use and disclose personal information.

We are committed to handling your personal information in accordance with the Privacy Act. We collect personal information from or about you for the purpose of providing insurance services to you. Such services include but are not limited to the following.

- Evaluating your application for insurance;
- Evaluating any request you make to vary, extend or amend your policy;
- Issuing and managing the insurance cover we provide to you; and
- Investigating and managing any claims you make against your policy.

The personal information we collect can be used or disclosed for any purpose connected to these activities but only where you would reasonably expect for this to occur. When necessary and in relation to the above noted activities, we may disclose your personal information to or request same from related parties such as medical emergency companies, third party administrators, investigators, re-insurers, legal and professional advisers or service providers such as hospitals, medical and allied health professionals. We provide your information to the insurer we represent when we issue and administer your policy. We may also provide your information to your insurance broker.

Some of the entities to whom Go Insurance will disclose your information are located overseas (eg United Kingdom and New Zealand as well as any country in which You are travelling). In all cases, we will attempt to ensure that the entities to which we disclose your information comply with the Privacy Act.

You must provide us with whatever information we reasonably require to assess your application for insurance, manage any policy that we issue to you and assess any claim you make.

You can request access to the personal information we hold on file about You. In some circumstances we may not agree to provide access to some or all of the information we hold when we are legally entitled to do so. In such cases we will inform you of the reason for this circumstance.

Where you provide personal information about other individuals, you must make them aware that you will provide this information to us; the types of persons and entities to which the information will be available; and the purposes for which we and those to whom we disclose the information will use it. You must also make them aware that they can access the information we receive from you. If you have any queries about our privacy policy and how it affects you, please contact us.

## Privacy Complaints Advice:

Lloyd's and its agents are bound by the obligations of the **Privacy 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act)** and will be covered by the **General Insurance Information Privacy Code (the Code)**. These set down standards relating to the collection, use, disclosure and handling of personal information.

"Personal information" is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion. An individual who believes their privacy may have been prejudiced has a right to make a complaint about the matter.

In the first instance, your complaint should be addressed to Go Insurance. This may be done either verbally or in writing to:

PO Box 5964  
Brendale Qld 4500

Telephone + 61 (0) 7 3481 9888  
Facsimile + 61 (0) 7 3481 9899  
Email [info@goinsurance.com.au](mailto:info@goinsurance.com.au)

If you are dissatisfied with the response, you may refer the matter to Lloyd's Australia Ltd, who has the appropriate authority to investigate and address matters of this nature. Lloyd's Australia can be contacted at:

Level 9  
1 O'Connell Street  
Sydney NSW 2000

Telephone + 61 (0) 2 8298 0783  
Facsimile + 61 (0) 2 8298 0788  
Email [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

Lloyd's Australia will respond in writing within 15 working days, and if **You** remain dissatisfied with their response **You** will be provided at that time with the details of any other avenues for resolution that may be available to **You**.

## Completing this document

Please ensure that you answer all questions on this form. If there is insufficient space, please attach a separate sheet/s.

This form must be signed and dated by a natural person. Such person must have legal capacity and authority to request a Corporate Travel Insurance quotation on behalf of the relevant company.

## About Go Insurance

Go Unlimited Pty Ltd T/as Go Insurance is an Australian underwriting agency that specialises in travel insurance and underwrites exclusively with certain Underwriters at Lloyd's. Go Insurance acts on behalf of the Underwriters and has not taken into account your financial situation, requirements or objectives in providing the Product Disclosure Statement, policy wording and Proposal Form to you.

You can contact us at:

Address: PO Box 5964  
Brendale Q 4500  
Australia

Telephone: 1300 819 888 (local call cost) or 07 3481 9888

Facsimile: 07 3481 9899

Email: [info@goinsurance.com.au](mailto:info@goinsurance.com.au)

Web: [www.goinsurance.com.au](http://www.goinsurance.com.au)

## Company Information

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

ABN: \_\_\_\_\_ GST / ITC Status: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Description of Persons to be Insured: \_\_\_\_\_

Period of Insurance: From: \_\_\_\_\_ To: \_\_\_\_\_

## Travel Information

Please estimate the number of return business journeys that will be taken in the policy period. Note: One person should be counted as one trip so if two people will be travelling on the same trip, please consider this to be two trips.

Destination	0-14 days	15-31 days	32-90 days	91-180 days
Domestic within Australia				
South Pacific (eg New Zealand, Fiji, Vanuatu etc)				
Indonesia (inc Bali and Lombok)				
United Kingdom				
Europe				
USA and / or Canada				
South America				
Africa / Middle East				
Cruise				
Other (please specify)				

Will any person to be insured be travelling to Afghanistan, Central African Republic, Chechnya, Democratic Republic of Congo, Egypt, Iraq, Israel (West Bank, Gaza and Occupied Territories), Libya, Nigeria, North Korea, Somalia, South Sudan, Sudan, Syria and / or Yemen?

Yes No

Will any person to be insured be travelling to the United States of America for more than 89 days (any one trip)?

Yes No

Will any person to be insured be travelling as a passenger in a light aircraft or helicopter?

Yes No

If yes, please provide details below.

Anticipated number of chartered / unscheduled flights in a) single engine aircraft \_\_\_\_\_

b) twin engine aircraft \_\_\_\_\_

c) helicopter \_\_\_\_\_

Number of persons likely to travel together on chartered / unscheduled flights \_\_\_\_\_

What is the purpose of the flight/s? \_\_\_\_\_

What are the likely destinations? \_\_\_\_\_

Are any of these flights to / from offshore rigs, platforms or vessels? Yes No

Is cover required for Fly in / Fly Out workers? Yes No

## Claims History

Does the company have an existing or expired Corporate Travel policy? Yes No

If yes, details: \_\_\_\_\_

Has the company or any person to be insured lodged a travel insurance claim in the past 3 years? Yes No

If yes, details: \_\_\_\_\_

Has the company or any person to be insured been declined Corporate Travel insurance in the past? Yes No

If yes, details: \_\_\_\_\_

## Benefits Required

Policy Limits	Per policy	Other Amount (please specify)
Aggregate Limit of Liability (excluding Section 10 - Personal Liability)	\$ 1,500,000	\$
Limit of Liability – non scheduled flights	\$ 125,000	\$
Limit of Liability – Hijack, Kidnap and Kidnap for Ransom	\$ 500,000	\$
Limit of Liability – Political and Natural Disaster Evacuation	\$ 100,000	\$
Limit of Liability – Extra Territorial Workers Compensation	\$ 1,000,000	\$

Section Benefits	Sum Insured (per person)	Other Amount (please specify)
Cancellation and Curtailment	\$ 75,000	\$
Travel Disruption Expenses	\$ 20,000	\$
Missed Transport Connection	\$ 10,000	\$
Employee Replacement Expenses	\$ 20,000	\$
Overseas Medical, Repatriation & Additional Expenses	\$ Unlimited	\$
Continuation of Medical Expenses	\$ 100,000	\$
Search and Rescue	\$ 20,000	\$
Hospital Benefit (\$200 per day)	\$ 5,000	\$
Personal Accident		
▪ Death and Capital benefit	\$ 100,000	\$
▪ Weekly Injury benefit	\$ 1,000	\$
▪ Weekly Illness benefit	\$ 0	\$

Personal Liability	\$ 10,000,000	\$
Legal Expenses	\$ 25,000	\$
Personal Baggage, Business Property and Money	\$ 10,000	
▪ Any one item (non-defined) sub-limit	\$ 2,500	\$
▪ Business Property sub-limit	\$ 2,000	\$
▪ Electronic Equipment sub-limit	\$ 5,000	\$
▪ Money sub-limit	\$ 1,000	\$
▪ Valuables sub-limit	\$ 5,000	\$
▪ Travel Documents sub-limit	\$ 1,000	\$
▪ Loss of keys sub-limit	\$ 1,000	\$
Delayed Baggage	\$ 3,000	\$
Hijack, Kidnap and Kidnap for Ransom	\$ 250,000	\$
Political and Natural Disaster Evacuation Expenses	\$ 20,000	\$
Car Hire Excess Waiver	\$ 5,000	\$
Extra Territorial Workers Compensation		
▪ Weekly benefit	\$ 1,000	\$
▪ Aggregate Damages	\$ 1,000,000	\$

Excess	Per person / per claim	Other Amount (please specify)
Section 1 – 7 inclusive; Section 10-12 inclusive; and Section 15	\$ 100	
Section 8, 9A, 9C, 9D, 13, 14, 16 and 17	\$ 0	
Section 9B (Excess Period)	7 days	

Benefit Period	Per person / per claim	Other Period (please specify)
Section 9B	52 weeks	

## Declaration

I / We declare that;

1. the information provided in this Proposal Form is correct in every respect and that I / We have not withheld, misstated or misrepresented any material facts which I / We believe would be relevant to the assessment of the application for Corporate Travel Insurance.
2. if any of the information given changes between the date of completing this Proposal Form and the inception date of any insurance to which this application relates, I / We will provide immediate notice of these changes.
3. I / we have received, read and understood the Go Insurance combined Corporate Travel Insurance Product Disclosure Statement, policy wording and Financial Services Guide (if applicable).
4. I / we have read and complied with the Duty of Disclosure noted in this Proposal Form and understand the consequences of non-disclosure and misrepresentation.

5. my / our personal information may be used and disclosed in accordance with the Go Insurance Privacy Statement.

6. This Proposal Form and any annexures thereto will form part of any policy issued in my / our favour by Go Insurance.

Signed for and on behalf of (eg company name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_