



Corporate Travel Insurance

APPLICATION FORM

SECTION 1: THE INSURED

Name of Insured

State Postcode

INSURED PERSONS

All employees of the Insured including their accompanying spouse/partner and dependent children

Other (please specify)

SECTION 2: THE INSURED'S HISTORY

Is there a current policy in force or has the Insured ever been covered for this risk? No Yes If yes, please provide details below

Has the Insured incurred Corporate Travel claims exceeding \$3,000 over the past 3 years? No Yes If yes, please provide details below

Has any Insurer, in connection with Corporate Travel Insurance:

Declined the Insured's application? No Yes If yes, please provide details below

Cancelled or refused renewal of a Policy? No Yes If yes, please provide details below

Required an increased premium or imposed special terms? No Yes If yes, please provide details below

SECTION 3: TRAVEL DETAILS (ESTIMATED IN THE NEXT 12 MONTH PERIOD)

BUSINESS TRAVEL (including associated private travel)

Detail the number of Journeys to be undertaken by each Employee, Accompanying Spouse/Partner and Dependent Child(ren) (1 journey = 1 return trip per person)

OVERSEAS			INTERSTATE			INTRASTATE		
No. of trips	Av. duration (days)	Max. duration (days)	No. of trips	Av. duration (days)	Max. duration (days)	No. of trips	Av. duration (days)	Max. duration (days)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NON SCHEDULED FLIGHTS

Will any Insured Persons fly as a passenger in any aircraft other than scheduled airlines, more than three (3) times per annum?

No Yes If yes, please complete the form below.

	NUMBER OF FLIGHTS	AVERAGE NUMBER OF INSURED PERSONS (PER FLIGHT)	MAXIMUM NUMBER OF INSURED PERSONS (PER FLIGHT)	ORIGIN(S) AND DESTINATION(S)	AVERAGE FLIGHT HOURS (PER FLIGHT)
OVERSEAS					
Single engine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twin engine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Helicopter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOMESTIC					
Single engine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Twin engine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Helicopter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT INFORMATION

This cover is issued and administered by AFA Pty Ltd, AFS Licence No. 247122 on behalf of Allianz Australia Insurance Ltd.

YOUR DUTY OF DISCLOSURE

Before you enter into this insurance with us, you have a duty of disclosure under the *Insurance Contracts Act 1984*. The Act imposes a different duty the first time you enter into a contract of insurance with us to that which applies when you vary, extend, reinstate or replace the contract. This duty of disclosure applies until the contract is entered into (or varied, extended or reinstated as applicable).

Your Duty of Disclosure when you enter into the contract with us for the first time

When answering our specific questions that are relevant to our decision whether to accept the risk of the insurance and, if so, on what terms, you must be honest and disclose to us anything that you know and that a reasonable person in the circumstances would include in answer to the questions.

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the contract.

Your Duty of Disclosure when you vary, extend, reinstate or replace the contract.

When you vary, extend, reinstate or replace the contract with us, your duty is to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

What you do not need to tell us

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us; or
- that is of common knowledge; or
- that we know or, in the ordinary course of our business as an insurer, ought to know; or
- as to which compliance with your duty is waived by us.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim, cancel the contract or both.

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

PRIVACY

In this Privacy Notice, "We", "Us", "Our" means Allianz and AFA. "You", "Your" or "Yours" means the Insured or an Insured Person as applicable. We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the *Privacy Act 1988* (Cth). This privacy notice details how We collect, disclose and handle personal information.

How We Collect Your Personal Information

Collection can take place through websites (from data You input directly or through cookies and other web analytic tools), email, by telephone or in writing. We usually collect Your personal information directly from You unless You have consented to collection from someone other than You, it is unreasonable or impracticable for Us to do so or the law permits Us to. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim, including third parties claiming under Your Policy, Your employer, external claims data collectors and verifiers and medical service providers; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources. If You provide Us with personal information about another person You must only do so with their consent and agree to make them aware of this privacy notice.

Why We Collect Your Personal Information

We collect Your personal information (other than sensitive information) to enable Us to provide Our products and services, including to handle, assess, process and settle claims; offer Our products and services and those of Our related companies, brokers, intermediaries and business partners that may interest You; and conduct market or customer research to determine those products or services that may suit You. We collect Your sensitive information (which may include information related to genetic testing) from You for the purpose of providing Our product and services, including to underwrite insurance cover; handle, assess process and settle claims; and undertake research analysis and design new insurance products. If You do not provide Your personal (including sensitive) information We require, We may not be able to provide You with Our services, including settlement of claims.

Who We Disclose Your Personal Information To

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the relevant paragraph above or (except in the case of sensitive information) to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier), solicitors, agents or contractors, Your agents, premium funders, data warehouses and consultants, social media and other similar sites and networks, membership, providers of medical and non-medical assistance and services, translators, investigators, loss assessors and adjusters, credit agencies, credit card providers and other parties We may be able to claim or recover against, Your employer (if a corporate policy), other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event and Our alliance and other business partners. We will not disclose Your sensitive information for any purpose other than the purpose for which it was collected or a directly related secondary purpose, unless You otherwise consent. We may also disclose Your personal (including sensitive) information if it is required to be disclosed to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Disclosure Overseas

In some instances, Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries this information may be disclosed to will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries where the Allianz Group has a presence or engages subcontractors. You can contact Us for details. In some cases We may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire Our services and products You agree that You may not obtain redress under the Privacy Act or against Us, but only to the extent permitted by law and may not be able to seek redress overseas.

Access to Your Personal Information and Complaints

You may ask for access to the personal information Our Privacy Policy contains details about how to access or seek correction to Your information and how You may make a complaint about a breach of the privacy principles contained in the *Privacy Act 1988* (Cth) and how We deal with complaints. Our Privacy Policies are available at www.afainsurance.com and www.allianz.com.au.

Your Choices

You consent to this use and these disclosures unless You tell Us otherwise. If You wish to withdraw Your consent, including for things such as receiving information on products and offers by Us or persons We have an association with, please contact Us. Our contact details are provided below. In some situations we may not be able to provide you with our services if you withdraw your consent to the use and disclosures that we need to administer your policy and claims.

DECLARATION

Once form is completed: sign, date and return the form to address below

SIGNATURE OF INSURED

[Signature line]

DATE

[Date line]

RETURN FORM TO

AFA PTY LTD, PO Box R1852 Royal Exchange NSW 1225
enquiries@afainsurance.com
Fax: 02 9259 8200
Please ensure that you keep copies of all documentation sent to AFA.

FURTHER INFORMATION

If you have any questions, or if you need assistance with understanding or completing this form, you can contact us on (toll-free) 1300 728 997 or email enquiries@afainsurance.com.