

## 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

We are committed to protecting the privacy of the personal information you provide to us. We collect, hold, use and disclose your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth) and in accordance with other applicable privacy laws.

### Collection of personal information

We only collect, hold, use and disclose personal information where it is necessary for legitimate business purposes, or where there is a legal requirement to do so. We collect personal information directly from you unless it is unreasonable or impracticable to do so. 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.

We collect and use personal information for a number of reasons which include but are not limited to:

- 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.

If you do not provide us with this information or any additional information we request, we may not be able to process your application, offer you insurance cover or respond to any claim.

### Use or disclosure of personal information

The personal information we collect can be used or disclosed for any purpose connected to our activities but only where you would reasonably expect for this to occur. When necessary and in relation to the above noted activities, we may need to disclose the personal information we collect to:

- Our relevant employees and agents involved in delivering our services;
- Medical emergency companies and service providers such as claims handlers, investigators, hospitals, medical and health professionals;
- facilitators such as legal firms, professional experts such as accountants, actuaries, engineers and technology experts;
- the insurance companies with whom we transact business;
- the Lloyd's Syndicates we represent (which are located in the United Kingdom);
- insurance reference bureau or credit reference bureau; and
- reinsurers or reinsurance brokers (which may include reinsurers located outside of Australia).

We may also use or disclose Your personal information if it is required by an Australian law or a court/tribunal order.

#### **Disclosure of personal information to overseas recipients**

If we are required to disclose personal information outside Australia, we will ensure that:

- a) the overseas recipient complies with the Australian Privacy Principles in relation to the information, or
- b) the overseas recipient of the information is subject to a law that has the effect of protecting the information in a substantially similar way to the way in which the Australian Privacy Principles protect the information.

#### **Security of personal information**

We are committed to protecting personal information we hold from misuse, interference and loss, as well as unauthorised access, modification or disclosure.

#### **Access to and correction of personal information**

You may request access to your personal information, and where necessary, correct any errors in this information (some restrictions and costs may apply). 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. If you would like to access a copy of your personal information or you wish to correct or update your personal information, please also contact us on Email - [mail@goinsurance.com.au](mailto:mail@goinsurance.com.au) or phone + 61 (0) 7 3481 9888.

#### **Use of personal information for marketing**

We may use your personal information to send you details of new insurance products or other insurance related information unless you have indicated to Us that you do not wish to receive such information. If you do not wish to receive future marketing material from us, please contact us on [mail@goinsurance.com.au](mailto:mail@goinsurance.com.au) or phone + 61 (0) 7 3481 9888.

By completing your application for this policy, you agree to us using and disclosing your information as set out above. This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving written notice by emailing [mail@goinsurance.com.au](mailto:mail@goinsurance.com.au). 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.

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:

Suite 1603 Level 16  
1 Macquarie Place  
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

YourCover Pty Ltd ABN 35 169 038 466 T/as Go Insurance (Go) is an Australian Financial Services Licensee (no. 461299) authorised by the Australian Securities and Investments Commission (ASIC) to deal in and provide general advice on insurance products. This insurance is underwritten by Certain Underwriters at Lloyd's. These underwriters have authorised Go to act on their behalf to arrange, issue, vary and cancel insurance products.

Go Insurance 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)

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## 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: \_\_\_\_\_

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## 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

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## 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: \_\_\_\_\_

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## Benefits Required

Policy Limits	Per policy	Other Amount (please specify)
Aggregate Limit of Liability (excluding section 9 - Personal Liability)	\$ 2,000,000	\$
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 (section 1)	\$ 75,000	\$
Travel Disruption Expenses (section 2)	\$ 20,000	\$
Missed Transport Connection (section 3)	\$ 10,000	\$
Employee Replacement Expenses (section 4)	\$ 10,000	\$
Overseas Medical, Repatriation & Additional Expenses (section 5)	\$ Unlimited *	\$
Search and Rescue (section 6)	\$ 20,000	\$
Hospital Benefit (\$200 per day) (section 7)	\$ 5,000	\$
Personal Accident (section 8)		
▪ Death and Capital benefit	\$ 100,000	\$
▪ Weekly Injury benefit	\$ 1,000	\$
Personal Liability (section 9)	\$ 10,000,000	

Legal Expenses (section 10)	\$ 25,000	
Personal Baggage, Business Property and Money (section 11)	\$ 10,000	
<ul style="list-style-type: none"> <li>▪ Any one item (non-defined) sub-limit</li> <li>▪ Business Property sub-limit</li> <li>▪ Electronic Equipment sub-limit</li> <li>▪ Money sub-limit</li> <li>▪ Valuables sub-limit</li> <li>▪ Travel Documents sub-limit</li> <li>▪ Loss of keys sub-limit</li> </ul>	\$ 2,500 \$ 2,000 \$ 5,000 \$ 1,000 \$ 5,000 \$ 1,000 \$ 1,000	\$ \$ \$ \$ \$ \$
Delayed Baggage (section 12)	\$ 3,000	\$
Hijack, Kidnap and Kidnap for Ransom (section 13)	\$ 250,000	\$
Political and Natural Disaster Evacuation Expenses (section 14)	\$ 20,000	\$
Car Hire Excess Waiver (section 15)	\$ 5,000	\$
Extra Territorial Workers Compensation (section 16)		
<ul style="list-style-type: none"> <li>▪ Weekly benefit</li> <li>▪ Aggregate Damages</li> </ul>	\$ 1,000 \$ 1,000,000	\$ \$
Identity Theft Benefit (section 17)	\$ 5,000	\$
Corporate Image Protection Benefit (section 18)	\$ 5,000	\$
Court Attendance Benefit (section 19)	\$ 2,000	\$
Corporate Transport Benefit (section 20)	\$ 2,000	\$
Independent Financial Advice Benefit (section 21)	\$ 5,000	\$
Trauma Counselling Benefit (section 22)	\$ 5,000	\$
Accidental HIV Infection Benefit (section 23)	\$ 10,000	\$
Coma Benefit (section 24)	\$ 5,000	\$
Orphan Benefit (per child) (section 25)	\$ 5,000	\$
Dependent Child Benefit (per child) (section 26)	\$ 5,000	\$
Home Modification Benefit (section 27)	\$ 10,000	\$
Domestic Assistance Benefit (section 28)	\$ 5,000	\$
Coronavirus COVID-19 (section 29)		
<ul style="list-style-type: none"> <li>▪ Overseas Medical Expenses</li> <li>▪ Cancellation and Curtailment</li> </ul>	\$ Unlimited * \$ 75,000	\$ \$

\* For up to 12 months after the Bodily Injury or Illness first occurs whilst overseas during the Period of Travel.

Excess	Per person / per claim	Other Amount (please specify)
section 1 – 6 inclusive; section 9-11 inclusive; section 14 and section 29	\$ 100	
sections 7, 8A, 8C, 8D, 12, 13, 15 and sections 16-28 inclusive	\$ 0	
section 8B (Excess Period)	7 days	

Benefit Period	Per person / per claim	Other Period (please specify)
Section 8B	52 weeks	

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## 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: \_\_\_\_\_