



## Business Travel Insurance Proposal form



### YOUR DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

Before entering into or renewing a contract of insurance, you have a duty to take reasonable care not to make a misrepresentation under the Insurance Contracts Act 1984 (Cth). This duty is very important, as it may impact your insurance cover. A misrepresentation is an answer or statement that is not true, only partially true, or does not fairly reflect the truth.

When applying for or renewing insurance, we may ask you clear and specific questions that are relevant to our decision to insure you. Your answers in response to our questions are crucial, as they help us determine the terms of your policy and the premium we will charge. This means that you should respond fully, honestly, and accurately when answering our questions.

### NEW BUSINESS

When you apply for insurance, we will ask questions relevant to our decision to insure you. The duty to take reasonable care not to make a misrepresentation applies when you:

- a. Complete an initial insurance application;
- b. Extend or make changes to an existing insurance policy; or
- c. Reinstate a previous contract of insurance.

### RENEWALS

When renewing your insurance, we may ask you to confirm or update information you previously provided. If we do this, you must tell us about any changes or confirm that there are none. If you do not inform us of changes, we will assume the information remains the same. This duty applies until we agree to renew the contract.

### GUIDANCE FOR ANSWERING OUR QUESTIONS

Please ensure that you take care when providing your answers in relation to your insurance application or renewal. If you do not, it may affect your insurance cover. Here are some tips to guide you:

- a. Think carefully about your responses. If you do not understand a question or require further explanation, please ask us before responding;
- b. Make sure your answers are truthful, accurate, and complete;
- c. Provide all relevant information in response to our questions. If you are unsure what information to include, please include it or consult with us, your broker, or advisor;
- d. Do not assume we will contact others for the information we request;
- e. Review each answer you provide before submitting it to us. You are responsible for your responses, even if you have received help in preparing your application (e.g., from a broker or advisor);
- f. Before your insurance cover starts, tell us of any changes that may be required to your answers. This may save time, as changes could require further investigation or risk assessment;
- g. If, after your insurance cover starts, you think you may not have complied with your duty, please contact us, your broker, or advisor immediately. We will inform you of any impact on your cover.

Your duty to take reasonable care not to make a misrepresentation applies to all communication methods, including written, electronic, online, in person, or via telephone.

### IF YOU DO NOT COMPLY WITH YOUR DUTY

If you do not take reasonable care not to make a misrepresentation, it may have serious consequences for your insurance. If you have failed to comply with your duty, we have certain rights, which may depend on what your insurance offer would have been had you not made a misrepresentation and whether or not it was fraudulent. Possible actions include:

- a. Avoiding your insurance cover, meaning the contract will be treated as if it never existed;

- b. Changing the amount of cover; for example, reducing the level of cover;
- c. Changing the terms of your contract; for example, excluding certain events from coverage.

This may result in an insurance claim not being paid, a reduction in the benefit amount, or an increase in premiums.

If we suspect that you may have breached your duty, we will:

- a. Explain our reasons why we believe you have breached your duty; and
- b. Provide you with an opportunity to respond and give further information.

If we decide to make changes to your cover, we will notify you of our decision and provide details of the review process and complaints procedure if you disagree.

### IF YOU NEED HELP

It is crucial that you understand this information, the questions we ask, and your duty. If you need support due to a disability, language barrier, or other reasons, please contact us so that we can assist you.

If you have any questions, please contact us, your broker, or advisor.

### PRIVACY

Delta Insurance Australia Pty Ltd is committed to protecting your privacy. **We** have adopted the Australian Privacy Principles (APPs) contained in the Privacy Act 1988 (Cth) (Privacy Act). The APPs govern the way in which **We** collect, use, disclose, store, secure and dispose of your personal information.

Any personal information collected about you will only be used for the purposes indicated in Delta Insurance Australia's privacy policy and only in the instance where you have provided consent to Delta Insurance Australia, or as otherwise required by law.

Delta Insurance Australia will need to collect personal information from you or your insurance agent to assist with assessing your risk in order to provide the insurance that you are applying for.

**Our** Privacy Policy can be accessed at <https://deltainsurance.com.au/pages/resources/#Our-policies-and-procedures>

**We, Our** and **Us** means Delta Insurance Australia Pty Ltd. You and your refers to **Our** customers and prospective customers as well as those who use **Our** website.

### FURTHER INFORMATION

Delta Insurance Australia understands that you may not want to share with Us the information which is requested to review your insurance Policy, and this may affect Our ability in providing and assessing an insurance Policy. For more information regarding how Delta collects, stores, uses and discloses your information, please read Our privacy policy located at [www.deltainsurance.com.au](http://www.deltainsurance.com.au) or alternatively you can contact Us at (07) 3017 472.

### POLICYHOLDER INFORMATION

1. Name of Insured:
2. Policy Period:
3. Business Description:

### INSURANCE & MEDICAL HISTORY

4. Does the Insured currently hold or has previously held Business Travel Insurance?  Yes  No
5. Has the Insured or any proposed Insured Person lodged any Business Travel claims in the last 5 years?  Yes  No
6. Has an application for insurance ever been declined or accepted on special terms for Business Travel Insurance?  Yes  No
7. Does any Insured Person take part in hazardous pursuits or activities i.e.: diving, piloting, motor sports, hang gliding, etc?  Yes  No
8. Is any Insured Person to be covered aged 75 years or older?  Yes  No

If you answered 'Yes' to any of the above, please provide full details:

9. **Is all travel White Collar?**

Yes  No

- A white collar Journey means an Insured Person who is travelling on executive business travel for the purpose of meetings or working in an office or other professional environment.
- Any other Journey would be considered a blue collar or technical Journey.

If 'No', please provide further details including trip numbers, duration, purpose of travel, to and from destinations:

**ESTIMATES OF BUSINESS TRAVEL FOR THE POLICY PERIOD**

10. Business Travel includes incidental or associated leisure travel before, during, or after the business portion of the Journey, provided that the leisure travel does not exceed 50% of the total duration. The cover also extends to accompanying Spouses/Partners and Dependent Children, as long as their travel is declared.

For example:

- **1 Person x 1 return trip = 1 Journey**
- If an employee travels for one week of business followed by one week of holiday with their Partner and two Children, this would equal **4 trips** (1 return trip for the Employee, 1 for the Partner, and 2 for the Children).

DESTINATION	Please complete the number of Journeys within each duration band			
	0 – 14 DAYS	15–31 DAYS	32–90 DAYS	91–180 DAYS
Domestic Intrastate over 50km (within Aus)				
Domestic Interstate (within Aus)				
Domestic travel over 50km within Countries other than Australia				
UK/Europe				
North America				
Central/South America				
New Zealand				
South Pacific				
Papua New Guinea				
Timor				
Africa				
Asia				
Middle East				
Any other destination not specified – please advise				
<b>TOTAL</b>				

11. Number of Insured Persons who may travel together in any one aircraft, vehicle, vessel or conveyance or have accommodation at one hotel (excluding conferences)?

Average:

Maximum:

12. **Is cover required for Insured Persons attending Conferences, Expos, Incentive Trips or other trips containing Group Travel?**

Yes  No

If 'Yes', please advise the following:

Dates of trip					
Booking Date					
Destination					
Reason for Travel					
Number of Insured Persons attending					
Number of Insured Persons on any one conveyance					
Total Cost					
Booking Agency					
Ticketing Class (Flexible, Non-Refundable etc)					

**ESTIMATES OF SENIOR LEADERSHIP PRIVATE TRAVEL FOR THE POLICY PERIOD**

13. Senior Leadership Private Travel provides cover for standalone leisure trips taken by Senior Leadership and Executive Employees. Cover extends to accompanying Spouses/Partners and Dependent Children, provided their travel is declared.

For example:

- **1 Person x 1 return trip = 1 Journey**
- If an Executive travels for one week of leisure with their Partner and two Children, this counts as four trips (one return trip for the Executive, one for the Partner, and two for the Children).

DESTINATION	Please complete the number of Journeys within each duration band			
	0 – 14 DAYS	15–31 DAYS	32–90 DAYS	91–180 DAYS
Domestic Intrastate over 50km (within Aus)				
Domestic Interstate (within Aus)				
Domestic travel over 50km within Countries other than Australia				
UK/Europe				
North America				
Central/South America				
New Zealand				
South Pacific				
Papua New Guinea				
Timor				
Africa				
Asia				
Middle East				
Any other destination not specified – please advise				
<b>TOTAL</b>				

**NON-SCHEDULED FLIGHTS**

Please provide details:

**a. Within Australia**

	Number of Flights	Average Insured Persons per Flight	Maximum Insured Persons per Flight	Origin and Destination	Average Duration in <b>Hours</b> (per Flight)
Single Engine					
Twin Engine					
Helicopter					

**b. Outside of Australia**

	Number of Flights	Average Insured Persons per Flight	Maximum Insured Persons per Flight	Origin and Destination	Average Duration in <b>Hours</b> (per Flight)
Single Engine					
Twin Engine					
Helicopter					

14. What is the purpose of the flight (e.g. aerial survey, travel to mine site)?

15. Name of the Charter Companies used:

16. Type of landing strip (e.g. tarmac, dirt):

17. Does the Policyholder own or lease aircraft?

Yes  No

If yes, please provide details:

18. Is cover required for any Fly In Fly Out employees?

Yes  No

If yes, please provide full details of Roster, purpose of work, occupations, where travel to and from, mode of transport and Scope of Cover required:

19. **Are any declared journeys for travel to Iran, Syria, Cuba, North Sudan, North Korea, Crimea or Venezuela?**

Yes  No

**DECLARATION**

This Declaration must be signed by the intending Insured. If the intending Insured is a company, partnership, or other business entity, the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending Insured.

Before completing this document, I/We have read and understood the information herein, including the Important Notices. I/We declare that the statements and particulars in this Proposal Form are true and correct and that I/We have taken reasonable care not to make a misrepresentation.

Signed:

Date:

Name:

Position/Title: