

**Corporate Travel**  
Proposal Form  
2024 01

**Batch**  
Accident & Health

# Important Notices

---

## BINDER AGREEMENT

---

The contract of insurance is arranged by Batch Underwriting Pty Ltd (ABN 15 670 264 767, AFSL 237267) ('Batch') acting under a binding authority as agent for the Insurer(s), certain underwriters at Lloyd's. Batch does not act as Your agent.

---

## DEFINED TERMS

---

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions. We, Us, Our, Insurer(s) means Certain Underwriters at Lloyd's. You, Your, Insured means the person(s) or parties shown as the Insured in the schedule.

---

## COMPLETING THE PROPOSAL FORM

---

1. This application must be completed in full including all required attachments.
  2. If more space is needed to answer a question, please attach a separate sheet with details.
  3. The terms proposer, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this proposal.
  4. The terms insured and subsidiaries have the same meaning in this proposal form as in the policy.
- 

## YOUR DUTY OF DISCLOSURE

---

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- Reduces the risk We insure You for; or
- Is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

### **If You do not tell Us something**

If You do not tell Us anything You are required to, 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 STATEMENT

---

Batch value the privacy of Your personal information and We will ensure the handling of Your personal information is dealt with in accordance with the Privacy Act 1988 (Cth) and the relevant Australian Privacy Principles. Our full privacy policy can be accessed from Our website [www.batchunderwriting.com](http://www.batchunderwriting.com).

When We provide insurance products and/or services, We ask you for the personal information We need to assess applications for insurance policies, to administer and manage insurance policies and to investigate and handle claims. This can include a broad range of information ranging from Your name, date of birth, address and contact details to other information about Your personal affairs including Your profession, financial affairs including financial statements, any criminal convictions or claims.

We may need to disclose personal information that You provide us to contractors, coinsureds, insurers and underwriters (who may be located overseas), lawyers, claims adjusters and others engaged by Batch to enable them to administer policies or handle claims. Regardless of the information shared, We will take all reasonable steps to ensure that the above parties protect Your information in the same way that We do.

Our Privacy Policy shown in the above link contains information about how You can access the information We hold about You, ask us to correct it, or make a privacy related complaint.

---

## BATCH CORPORATE TRAVEL INSURANCE PROPOSAL FORM

---

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance Policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access certain underwriters at Lloyd's Privacy Notice at <https://www.lloyds.com/help/privacy> and Batch's Privacy Policy at [batchunderwriting.com](http://batchunderwriting.com).

All questions in this proposal form must be answered

---

## YOUR DETAILS

---

Full Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
	STATE	POSTCODE	
	<input type="text"/>	<input type="text"/>	
ABN	<input type="text"/>		
Nature of Business	<input type="text"/>		
Business names / subsidiaries to be covered under this policy	<input type="text"/>		
Brokerage (if applicable)	<input type="text"/>		

---

## PERIOD OF INSURANCE

---

	FROM	TO
Period of insurance	<input type="text"/>	<input type="text"/>

---

## CLAIMS HISTORY

---

Does the Insured currently hold or has previously held any Corporate Travel Insurance Policy?	Yes	No
Has the Insured or any proposed Insured Person lodged any Travel claims in the last five (5) years?	Yes	No
Has the Insured been declined Travel Insurance in the past?	Yes	No

If Yes, please give all details and attach an up to date claims experience (Date of Loss, Nature of Loss, Amount, Reasons for Declinature)

---

## TRAVEL COVERAGE

---

Is all travel white collar?	Yes	No
-----------------------------	-----	----

*A white collar journey means an Insured Person who is travelling on executive business travel or the purpose of meetings or working in an office or professional environment? Any other Journey would be considered a Blue Collar Journey (involving the performance of manual labour for any industry)*

# BUSINESS TRAVEL DECLARATION

STANDARD INSURED PERSONS: All directors and employees, including their accompanying partner and dependent children.

Note: **1 Person travelling counts as 1 return trip  
 Business Travel Includes Associated Leisure Travel  
 Maximum trip duration 180 days only**

If Charter Flights or Fly-in, Fly-out cover is required, please declare these trip estimates under Page 4.

Destination / Type	White Collar Travel (Office)			Blue Collar Travel (Tradesperson)		
	Total Number of Trips	Average Duration (days)	Maximum Duration (days)	Total Number of Trips	Average Duration (days)	Maximum Duration (days)
Interstate						
Intrastate						
Africa						
Asia						
Europe & UK						
Middle East						
North America & Canada						
NZ & Pacific Islands						
South & Central America						

Maximum number of Insured Persons travelling together on a Business Trip

Will any Insured Persons be travelling to remote or high risk locations that the Australian Government recommends travellers to not travel? Yes    No

If yes, please provide details:

Is covered required for Conferences? Yes    No  
 If yes, please provide details:

	FROM	TO
Conference Dates	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Conference Location and Purpose	<input style="width: 99%;" type="text"/>	
Number of People Attending	<input style="width: 99%;" type="text"/>	
Total Group Aggregate limit required	<input style="width: 99%;" type="text"/>	
Number of People travelling together (Flights and Ground Transport)	<input style="width: 99%;" type="text"/>	

# LEISURE TRAVEL DECLARATION

STANDARD INSURED PERSONS: All Company Directors of the insured, CEO, CFO, COO, Company Secretary and accompanying partner and dependent children.

Please advise additional Insured Persons for Pure Leisure Travel if required:

Business Title / Relationship to the Insured	Name (if not employee)	DOB (if not employee)

Note:

**1 Person travelling counts as 1 return trip**  
**Intrastate Leisure travel cover is only provided when a flight or pre-booked overnight stay is involved**  
**\$250 excess applicable to each and every claim per person**

Destination	Total Number of Trips	Average Duration (days)	Maximum Duration (days)
Interstate			
Intrastate			
Africa			
Asia			
Europe & UK			
Middle East			
North America & Canada			
NZ & Pacific Islands			
South & Central America			

Whilst on leisure travel, will any Insured Persons be undertaking any charter/unscheduled flights?

Yes      No

If yes, please provide details:

## CHARTER / UNSCHEDULED FLIGHTS

Charter / Unscheduled Flights	Number of Flights	Average number of Insured Persons any one flight	Maximum number of Insured Persons any one flight	Destinations To and From
Domestic fixed-wing single engine				
Domestic fixed-wing twin engine				
Domestic Helicopter				
International fixed-wing single engine				
International fixed-wing twin engine				
International Helicopter				

\*A declared charter / unscheduled flight = 1 take-off and landing

Are any Charter / Unscheduled flights to offshore platforms, vessels or rigs? Yes No

Are any Charter / Unscheduled flights on unsealed Tarmacs? Yes No

If yes, please provide details:

Charter aggregate limit of liability required \$

## FLY IN, FLY OUT (FIFO) TRAVEL

Fly in, fly out (FIFO) travel is considered to be travel by any mode of transport, conducted in accordance with a pre-determined work roster which includes an overnight stay at their destination.

FIFO estimates (1 Insured Person travelling = 1 return trip) e.g. 4 employees travelling together on the same trip = 4 trips

Scope of Cover required 24/7 cover 24/7 excluding On-site

Destination / Type	White Collar Travel (Office)			Blue Collar Travel (Tradesperson)		
	Total Number of Trips	Average Duration (days)	Maximum Duration (days)	Total Number of Trips	Average Duration (days)	Maximum Duration (days)
Interstate						
Intrastate						
Africa						
Asia						
Europe & UK						
Middle East						
North America & Canada						
NZ & Pacific Islands						
South & Central America						

Maximum number of Insured Persons travelling together on a FIFO Trip [ ]

Will any Insured Persons be travelling to remote or high risk locations that the Australian Government recommends travellers to not travel? Yes No

If yes, please provide details:

Charter aggregate limit of liability required \$

---

## IMPORTANT INFORMATION

---

Privacy	I/We agree that, by submitting this form, the personal information I/we provide to Batch Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Batch Privacy Policy found at <a href="http://batchunderwriting.com">batchunderwriting.com</a> , including for the processing of this PROPOSAL and providing me/us with cover.
General Insurance Code of Practice	Batch Underwriting Pty Ltd proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit <a href="http://www.codeofpractice.com.au">www.codeofpractice.com.au</a> .
Renewal Procedure	Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.
Declaration	I/WE HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I/We have not withheld any information within My/Our knowledge likely to affect the decision of the Company as to My/Our eligibility for Insurance. This PROPOSAL and declaration shall be the basis of the contract between the Company and Myself/Ourselves and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

---

SIGNATURE OF INSURED

DATE (DD/MM/YY)

## BENEFITS REQUIRED

Section	Description	Standard Plan	Tailored Sum Insured (Please specify)
Section 1a.1	Death and Capital Benefits	\$500,000	\$
Section 1a.1	Annual Income Multiplier	3 x	\$
Section 1a.2	Spouse/Partner	\$250,000	\$
Section 1a.3	Dependents	\$25,000	\$
Section 1b	Weekly Accident	\$2,000	\$
Section 1b.2	Wait Period	14 days	\$
Section 1b.3	Benefit Period	104 weeks	\$
Section 1b.4	Benefit Level	85%	\$
Section 1c	Weekly Sickness	\$2,000	\$
Section 1c.2	Wait Period	14 days	\$
Section 1c.3	Benefit Period	104 weeks	\$
Section 1c.4	Benefit Level	85%	\$
Section 2	Medical and Medical Evacuation Expenses	\$1,000,000	\$
Section 3	Batch Assist	N/A	\$
Section 4a	Loss of Deposits and Cancellation Expenses	\$25,000	\$
Section 4b	Additional and/or Forfeited Expenses	N/A	\$
Section 5a	Luggage, Personal Effects, Travel Documents	\$10,000	\$
Section 5b.1	Luggage Specified Items-Domestic	\$0	\$
Section 5b.2	Luggage Specified Items-International	\$0	\$
Section 5c	Money Benefit	\$2,000	\$
Section 6	Rental & Private Vehicle Excess Cover including Towing Expense Benefit	\$5,000	\$
Section 7	Alternative Employee or Resumption of Assignment Expenses	\$10,000	\$
Section 8	Missed Transport Connection	\$5,000	\$
Section 9	Personal Liability	\$10,000,000	\$
Section 10	Extra Territorial Workers Compensation	\$1,000,000	\$
Section 11	Corporate Traveller's Family Care	\$25,000	\$
Section 12	Identity Guard	\$10,000	\$
Section 13	Kidnap and Ransom and Extortion	\$500,000	\$
Section 14	Political Risk, Natural Disaster and Personal Safety Evacuation Expenses	\$25,000	\$
Section 15	Search and Rescue Expenses	\$20,000	\$

---

## DECLARATION

---

I declare that:

- (a) I have read and understood the Important Notices set out in the Proposal.
- (b) I am authorised to complete and sign this declaration on behalf of all the applicants.
- (c) I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.
- (d) I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- (e) I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract should a Policy be issued.
- (f) I further acknowledge that Batch on behalf of the Insurer(s) may decline this Proposal.
- (g) I consent to Batch and the Insurer(s) collecting, storing, using and disclosing personal information as set out in the Privacy Statement. Where I have provided personal information on behalf of another person, I have complied with my obligations as set out in the Privacy Statement.
- (h) I understand that this insurance does not operate until Batch issues the Policy Schedule and the Premium has been paid (except for any cover provided under an interim contract of insurance).

---

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)

---

© Batch Underwriting Pty Ltd 2024

This work is copyright. Apart from any use permitted under the Copyright Act 1968 (Cth), no part may be reproduced by any process, nor may any other exclusive right be exercised without permission of the publisher.