

## WebRater proposal form

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### IMPORTANT NOTICES

**Please read the following before proceeding to complete this Proposal Form.**

#### Your Duty of Disclosure

This policy is a consumer insurance contract.

When answering questions in this Proposal Form, you have a duty to take reasonable care not to make a misrepresentation to us.

You and other insured person(s) must answer questions we ask at the time of application and at renewal with relevant and complete information and you must not misrepresent any information that you give to us. You have the same duty in relation to anyone else whom you want to be covered by the policy.

If you fail to comply with your duty, and we would not have issued the policy for the same premium and on the same terms and conditions, we may be entitled to reduce our liability under the policy in respect of any claim or we may cancel the policy.

If your failure to comply with your duty is fraudulent, we may refuse to pay a claim and treat the policy as never having been in existence.

#### Completing this Proposal Form

- It is the duty of the Applicant to provide all information that is requested in the Proposal Form.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The Proposal Form must be completed, signed and dated by a person who must be of legal capacity and authorised for the purpose of requesting this insurance for the organisation who acts as the Applicant.

**This Proposal Form DOES NOT BIND the Applicant or the Insurer to complete the insurance but will form part of any insurance.**

#### Privacy Collection Statement

At DUAL Australia Pty Ltd (DUAL), we are committed to protecting your privacy and complying with the *Privacy Act 1988* (Cth) ('Privacy Act').

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies).

We are part of Howden Group Holdings Limited and may provide your information to UK based Group entities who provide us with business support services. If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our privacy policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at [privacy@dualaustralia.com.au](mailto:privacy@dualaustralia.com.au) or access it via our website using the following [link](#).

## Section 1 - Details of applicant

1. Insured Entity Type (please select):

Sole Trader

Unlisted Limited Company

Partnership

Not For Profit / Association

Public Listed Company

Private Company (Pty Ltd)

2. ABN:

3. Insured Name:

4. Trading Name (if applicable):

5. Insured's Registered Address:

**(Place where business is registered/place of incorporation.)**

Insured's Website Address:

The Insured does not have a website

6. Occupation/Business Description:

**Please provide a detailed description of all business activities including the activities of any related entities.**

7. Annual revenue / Turnover for the last 12 months: (AUD) \$

**If new or trading less than 12 months, please estimate annual revenue / turnover for next 12 months.**

8. Staff Size:

**Include all principals, partners, directors, and employees (full time, part time and casual staff, interns and volunteers).**

## Section 2 - General questions

9. Does the Insured currently have Corporate Travel insurance in place? Yes No

10. After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Managers:

a. Have there been any claim(s) made against the Insured or any loss or expense incurred\* which might fall within the terms of this insurance cover? or Yes No

b. Have any circumstances occurred which may give rise to a claim against the Insured or result in any loss or expense incurred\* which might fall within the terms of this insurance cover? Yes No

\*Incurred means any settlement made, legal fees, defence costs or reserved amounts.

If YES, please proceed to Question 11, if NO, please proceed to Question 12.

11. Has the Insured notified Corporate Travel claims of either:

a. more than 2 claims of any value; OR Yes No

b. any number of claims, with a total incurred value exceeding \$3,000? Yes No

If YES, do the claims notified have a total incurred value of less than \$5,000? Yes No

12. Has the Insured or any Partners, Principals, Directors, Officers, Trustees and Senior Managers ever been declined this type of insurance, or had similar insurance cancelled, or had an application for renewal declined (other than insurer exiting that area of insurance), or had special terms or restrictions imposed? Yes No

13. Is the Insured domiciled in Australia with no subsidiaries outside Australia or New Zealand? Yes No

If YES, proceed to question 14.

If NO, please confirm the following:

a. Is the Insured domiciled in Australia? Yes No

b. Where are the Insured's overseas subsidiaries?

Please specify below in which countries the Insured's subsidiaries are located and indicate the percentage of total revenue derived.

Subsidiary Name	Country	Revenue %
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14. What is the Insured's breakdown of turnover?

We use this information to apportion the payment of stamp duty across different states and territories where the Insured operates their business. This is important because for certain policies we offer which need to have stamp duty apportioned across different states and territories.

NSW %	ACT %	QLD %	VIC %	TAS %	SA %	WA %	NT %	O/S %*	Total
									100%

15. Is the Insured exempt from GST? Yes No

16. Is the Insured exempt from Stamp Duty? Yes No

If NO, please continue to Question 17.

If YES, please confirm which exemption applies to the Insured:

a. **NSW Small Business Exemption**

I declare that the Insured is a small business and qualifies for the NSW small business stamp duty exemption in relation to this policy. I have obtained a signed declaration from the Insured in accordance with the requirements of Revenue NSW and I will provide the signed declaration to DUAL on binding or upon request.

Yes No

b. **Other Exemption**

I declare that the Insured relying on a stamp duty exemption (for example a charity organisation exemption) in relation to this policy. I have obtained a copy of the exemption certificate(s) or declaration(s) and any other supporting documentation to verify this exemption and I will provide a copy to DUAL on binding or upon request.

Yes No

## Section 3 - Corporate Travel specific questions

17. **Scope of cover:** Cover under this **policy** applies whilst an **insured person** is engaged in a **journey** which involves a destination outside a radius of 50 kilometres from the normal place of residence, or place of business of the **insured person**, including any **incidental private travel** and excludes every day travel to and from work. Cover shall also include declared **private travel** overseas and interstate for Company Directors, CEO, CFO, COO, General Manager, Company Secretary, **Business Owner(s)** and **Partner(s)**. Cover shall commence from the time an **insured person** leaves his/her residence or normal place of business, whichever is the place of departure for the commencement of such travel, and continues on a full time 24 hour basis until he/she returns to his/her residence or normal place of business whichever first occurs. Any **journey** must not exceed 180 days.

If anything else, please specify:

18. **Insured Persons:** Covered under this **policy** are Directors and **employees** of the **insured** including **accompanying spouse** and **dependent children**.

If anything else, please specify:

### Business Travel

19. Please complete the below table confirming the number of trips for White Collar Business Travel.

How to complete this table:

1. One Person = One Trip
2. White Collar Business Travel is more than 90% clerical or non-manual work.
3. Travel duration more than 180 days is excluded under the policy.

Destination	Domestic Travel			
	0-14 days	15-31 days	32-90 days	91-180 days
Intrastate Journeys outside a radius of 50kms within Australia				
Interstate Journeys within Australia				
Domestic Journeys outside a radius of 50kms within Countries other than Australia				

**International Travel**

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<b>Destination</b>	<b>0-14 days</b>	<b>15-31 days</b>	<b>32-90 days</b>	<b>91-180 days</b>
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UK/Europe

North America (USA/Canada)

Central/South America & Mexico

New Zealand

Oceania excluding New Zealand

Papua New Guinea / Timor / Africa

**Asia** - specify country(ies):

**Middle East** - specify country(ies):

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**Total Number of Business Trips**

**Declared:**

(Domestic and International)

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**Leisure Travel**

20. Please complete the below table confirming the number of trips for Private Travel in respect of Company Directors, CEO, CFO, COO, General Manager and Company Secretary including accompanying spouse and dependant children.

How to complete this table:

1. One Person = One Trip
2. For Private Travel or Incidental Private Travel the policy limit is up to 28 days duration
3. For trips between 29-90 days duration please complete further information

If the below table is not completed then no cover in excess of 28 days will be afforded under the policy.

**Table 20.1 Domestic Travel**

Destination	0-14 days	15-28 days	29-90 days
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Interstate Journeys within Australia

**International Travel**

Destination	0-14 days	15-28 days	29-90 days
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UK/Europe

North America (USA/Canada)

Central/South America & Mexico

New Zealand

Oceania excluding New Zealand

Papua New Guinea / Timor / Africa

**Asia - specify country(ies):**

**Middle East - specify country(ies):**

**Total Number of Business Trips Declared:**  
(Domestic and International)

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20.2 Please complete the below table for travel 29-90 days confirming the number of trips for Private Travel or Incidental Private Travel in respect of Company Directors, CEO, CFO, COO, General Manager and Company Secretary including accompanying spouse and dependant children.

Names of travellers	Age	Location and duration of travel	Activities to be undertaken
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**Manual Labour Travel**

21. Please complete the below table confirming the number of trips for which this insurance policy applies involving the performance of manual labour for any industry including but not limited to construction, mechanic, manufacturing, mining and resources, agriculture, trades.

How to complete this table:

1. One Person = One Trip
2. Manual Labour is more than 10% non-clerical work
3. Provide additional information below.

**Table 21.1**

**Domestic Travel**

Destination	0-14 days	15-31 days	32-90 days	91-180 days
Intrastate Journeys outside a radius of 50kms within Australia				
Interstate Journeys within Australia				
Domestic Journeys outside a radius of 50kms within Countries other than Australia				

**International Travel**

Destination	0-14 days	15-31 days	32-90 days	91-180 days
UK/Europe				
North America (USA/Canada)				
Central/South America & Mexico				



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New Zealand

Oceania excluding New Zealand

Papua New Guinea / Timor / Africa

**Asia** - specify country(ies):

**Middle East** - specify country(ies):

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**Total Number of Business Trips**

**Declared:**

(Domestic and International)

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21.2 For any Manual Labour Travel we require further information in respect to the insured persons travelling:

Occupation:

Location and duration of travel:

Activities to be undertaken:

### Chartered / Non-Scheduled Flights

22. Please complete the below table confirming the number of trips for Chartered / Non-Scheduled Flights Travel.

How to complete this table:

1. One take-off and landing = One trip
2. Provide additional information below relating to any Chartered/ Non-Scheduled Flights.

<b>Destination</b>	<b>Single Engine</b>	<b>Twin Engine</b>	<b>Helicopter Engine</b>
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Domestic

International

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**Total Number of Chartered / Non-Scheduled  
Flight Trips Declared:**

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22.1 For any Chartered/Non-Scheduled Flights we require the following additional information:

**Where are the flights to and from:**

**Purpose of the flights**

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**Additional Questions relating to all travel**

23. Will there be any travel to or through Antarctica, Afghanistan, Chechnya, Cuba, Iran, Iraq, Israel, Nigeria, North Korea, Myanmar, Pakistan, the Republic of Belarus, Somalia, Sudan, Syria, Russia, the Ukraine (including the territories of the Crimea, the Donetsk Region and the Luhansk Region), Donbas, Venezuela and Yemen? Yes      No

24. Is travel cover required for more than 10 Insured Persons travelling together? Yes      No

If YES, please provide the following additional information:

a. Reason for the travel:

b. Details of transport, how many insured persons on each conveyance:

25. Is cover for any hazardous activity required? Yes      No

**Hazardous activities are considered to be underground mining, heli/offpiste snow sports, sailing more than 20kms from any land mass, racing other than on foot, hiking or trekking in an altitude in excess of 4000 metres (eg. Everest Base Camp), extreme sports, sky diving, base jumping, extreme trekking (e.g Kokoda Trail), motorcycle touring.**

If YES, please provide further details of hazardous activity including the destination, type of activity, duration of travel, number of insured travellers:

## Section 4 - Schedule of benefits

26. Please confirm your requested Schedule of Benefits:

	Option 1	Option 2	Other
<b>Policy Limits</b>			
Aggregate Limit of Liability	\$1,250,000	\$1,500,000	\$
Sublimit of Liability - Non Scheduled Flights	\$125,000	\$125,000	\$
Limit of Liability - Section 5, Kidnap, Ransom and Extortion	\$500,000	\$1,000,000	\$
Limit of Liability - Section 6, Global Rescue and Evacuation	\$100,000	\$100,000	\$
Limit of Liability - Section 13, Extra Territorial Workers Compensation	\$1,000,000	\$2,000,000	\$
<b>Section 1</b>			
Medical Expenses and Medical Evacuation	Unlimited for 24 months	Unlimited for 24 months	
Additional Expenses	\$100,000	\$100,000	\$
<b>Section 2</b>			
Cancellation and Curtailment	\$10,000	\$20,000	\$
Loss of Deposits	\$10,000	\$15,000	\$
<b>Section 3</b>			
Personal Liability	\$10,000,000	\$10,000,000	\$
<b>Section 4 - Personal Accident</b>			
Accidental Death and Disablement, Insured Events 1-26	2 x annual salary to a maximum of: \$250,000	2 x annual salary to a maximum of: \$500,000	x annual salary to a maximum of: \$
Weekly Benefits - Injury	\$2,000	\$2,000	\$
Weekly Benefits - Sickness	\$2,000	\$2,000	\$

<b>Section 5</b>			
Kidnap, Ransom and Extortion	\$250,000	\$500,000	\$
<b>Section 6</b>			
Global Rescue and Evacuation	\$10,000	\$20,000	\$
<b>Section 7</b>			
Alternative Employee and Resumption of Assignment	\$10,000	\$20,000	\$
<b>Section 8</b>			
Global Response Emergency Assistance	Included	Included	
<b>Section 9</b>			
Hire Car Excess, Return of Hire Car and Own Car Cover	\$3,500	\$5,000	\$
<b>Section 10</b>			
Missed Transport Connection	\$5,000	\$10,000	\$
<b>Section 11 - Luggage, Personal Effects and Money Benefit</b>			
Luggage and Personal Effects	\$10,000	\$15,000	\$
Any one item sublimit	\$2,500	\$5,000	\$
Sublimit Electronic Goods	\$2,500	\$5,000	\$
Sublimit Delayed Luggage and Personal Effects	\$1,500	\$2,000	\$
Sublimit Money	\$1,500	\$2,500	\$
<b>Section 12</b>			
Hijack and Detainment	\$1,000	\$1,000	\$
Maximum Number of Days	30	30	
Legal Expenses	\$50,000	\$50,000	\$

**Section 13 - Extraterritorial Workers Compensation**

Weekly Benefits	\$1,000	\$1,000	\$
Aggregate Damages	\$1,000,000	\$1,000,000	\$

**Section 14 - Benefits at home**

Accidental Death of a Spouse	\$25,000	\$25,000	\$
Financial Planning Advice	\$10,000	\$10,000	\$
Home Burglary	\$2,000	\$2,000	\$
Identity Theft	\$20,000	\$20,000	\$
Additional Identity Theft - Keys & Locks	\$2,500	\$2,500	\$
Spouse Re-training	\$10,000	\$10,000	\$
Surviving children	\$5,000	\$5,000	\$

# Declaration

## **Signing this Proposal Form does not bind the proposer or the Insurer to complete this insurance**

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the 'Privacy Collection Statement' above.

The undersigned acknowledges that they have read the Important Notices in this Proposal Form, the Product Disclosure Statement, policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage. From 5 October 2021, the undersigned also acknowledges that they have read the Target Market Determination and considers that they comprise a part of the target market for this insurance. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

## **To be signed by the Insured for whom this insurance is intended for**

Full name:

Position:

Signature:

Date:

**It is important the undersigned of the declaration above is fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact the broker or agent, since non-disclosure may affect an Insured's right of recovery under the policy.**

DUAL Australia recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence).

## **IMPORTANT NOTICES**

### **Product Disclosure Statement**

Please refer to the Product Disclosure Statement (PDS) (found at the beginning of the policy wording) for further information. The purpose of the PDS is to help you understand the cover offered under the policy and provide you with sufficient information to enable you to make an informed decision about whether to purchase this policy.

### **Notification of Claims**

Should an incident occur which may give rise to a claim under this policy, you should notify us via email or post as soon as reasonably practicable after the date of the occurrence and within the insurance period using the contact details below.

The National Claims Manager:

DUAL Australia Pty Limited

Level 29, 123 Pitt Street

Sydney NSW 2000

Australia

By email: [claims@dualaustalia.com.au](mailto:claims@dualaustalia.com.au)

## Target Market Determinations – Design and Distribution Obligations

DUAL Australia's Target Market Determination (TMD) for this product will be available on our [website](#) from 5 October 2021 to ensure compliance with Pt 7.8A of the *Corporations Act 2001 (Cth)* and supporting regulations.

A TMD is prepared by the issuer of the product (in this case, DUAL Australia) and aims to provide customers and distributors with sufficient information to understand who the product is designed for. Please review the TMD to ensure that this product is suitable for the Applicant and that they form a part of the target market. If you have any queries in relation to the TMD, please do not hesitate to contact us on [compliance@dualasiapacific.com](mailto:compliance@dualasiapacific.com).

## Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

## Surrender or Waiver or any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the Policy, but you have agreed with that person either before or after the inception of the Policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the Policy for any such loss or damage.

# Helping you do more

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