

## 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 the 'Privacy Policy' [link](#) on our website.

## Section 1 | Details of Applicant

1. Insured Entity Type (please select):

- |  |   |
|--|---|
| <input type="checkbox"/> Sole Trader           | <input type="checkbox"/> Unlisted Limited Company     |
| <input type="checkbox"/> Partnership           | <input type="checkbox"/> Not for profit / Association |
| <input type="checkbox"/> Public Listed Company | <input type="checkbox"/> 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.)

\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

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

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

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.

Country	Revenue %
	%
	%
	%

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 %	QLD %	VIC %	TAS %	SA %	WA %	NT %	ACT %	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. If applicable, cover shall also include **accompanying persons** travelling separately on the outgoing or incoming **journey** to directly join or leave an **insured person**. 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.

One Person = One Trip. White Collar Business Travel is more than 90% clerical or nonmanual work.

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			
Destination	0-14 days	15-31 days	32-90 days	91-180 days*
UK/Europe				
North America (USA/Canada)				
Central/South America & Mexico				
New Zealand				
Oceania excluding New Zealand				
Papua New Guinea / Timor / Africa				
<b>Asia</b> - specify country(ies):				
<b>Middle East</b> - specify country(ies):				
<b>Total Number of Business Trips Declared:</b> (Domestic and International)				

\*Travel duration more than 180 days is excluded under the policy.

### Leisure Travel

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

One Person = One Trip.

	Domestic Travel				
Destination	0-14 days	15-28 days	29-90 days	91-180 days	180+ days*
Interstate Journeys within Australia					

	International Travel				
Destination	0-14 days	15-28 days	29-90 days	91-180 days	180+ days*
UK/Europe					
North America (USA/Canada)					
Central/South America & Mexico					
New Zealand					
Oceania excluding New Zealand					
Papua New Guinea / Timor / Africa					

Destination	0-14 days	15-28 days	29-90 days	91-180 days	180+ days*
Asia - specify country(ies):					
Middle East - specify country(ies):					
<b>Total Number of Trips Declared:</b> (Domestic and International)					

\*Travel duration more than 180 days is excluded under the policy.

### 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.

One person = one trip. Manual Labour is more than 10% non-clerical work.

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				

Destination	International Travel			
	0-14 days	15-31 days	32-90 days	91-180 days*
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):				

Destination	0-14 days	15-31 days	32-90 days	91-180 days*
Middle East - specify country(ies):				
<b>Total Number of Business Trips Declared:</b> (Domestic and International)				

\*Travel duration more than 180 days is excluded under the policy

### Chartered / Non-Scheduled Flights

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

One take-off and landing = One trip.

Destination	Single Engine	Twin Engine	Helicopter Engine
Domestic			
International			
<b>Total Number of Chartered / Non-Scheduled Flight Trips Declared:</b>			

23. Will there be any travel to or through Antarctica, Afghanistan, Chechnya, Cuba, Iran, Iraq, 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 [ ]

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).

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	\$
<b>Section 13 - Extraterritorial Workers Compensation</b>			
Weekly Benefits	\$1,000	\$1,000	\$
Aggregate Damages	\$1,000,000	\$1,000,000	\$
<b>Section 14 - Benefits at Home</b>			
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	\$

**Section 4****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.

Email: [claims@dualaustralia.com.au](mailto:claims@dualaustralia.com.au)

National Claims Manager

DUAL Australia Pty Ltd

Level 29, 123 Pitt Street

Sydney NSW 2000

### 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 of Waiver of 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.