

COMPUSURE PTY LTD

General Insurance Brokers. A.B.N. 18 003 162 810 AFSL: 239587

CORPORATE TRAVEL INSURANCE QUOTE REQUEST

Company or Firm Name		A.B.N	
Name of Business			
Occupation			
Street Address		Postcode	
Postal Address		Postcode	
Contact Person's Name		Email	
Telephone	(.....)	Facsimile	(.....)

Period of Insurance FROM/...../..... TO/...../.....
(12 months)

BUSINESS & ASSOCIATED LEISURE TRAVEL:

**Please note: When estimating the number of proposed trips, EACH PERSON travelling (including spouses and dependant children), counts as ONE trip.*

Destinations	Estimated Number of Trips	x	Average Days per Trip	=	Total Travel Days Per Destination Area
America's, Africa, Middle East, Japan, China, Mongolia, Former Soviet States, and all other areas not stated below		x		=	
UK and Europe		x		=	
South East Asia & Indian Sub-Continent		x		=	
New Zealand & South Pacific		x		=	
Australia (Domestic Travel)		x		=	

Number of Trips exceeding 90 days duration: _____ Maximum Duration: _____ Destinations: _____

Nominated Directors for Leisure Travel Extension (Names): _____

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LEISURE TRAVEL FOR DIRECTORS:

***Please note:** EACH PERSON travelling (including spouses and dependant children), counts as ONE trip.

Estimate for next twelve (12) months

Number of Stand Alone Leisure Trips	
Average Duration	
Destinations	

NON-SCHEDULED FLIGHTS:

Do you expect to make more than 2 trips a year in aircraft other than a scheduled flight?

YES ? NO ?

If YES, we will advise additional information required

OTHER:

Do you currently have a Corporate Travel Insurance Policy in place: YES ? NO ?

If YES, when does the policy expire?/...../.....

Name of current Insurer

Annual Premium \$......

Signed

Date:/...../.....

Title

AGENT DETAILS:

Agency Name **ALL PLANET TRAVEL** A.B.N.

Address **PO BOX 6180, MALABAR BEACH NSW** Postcode **2036**.....

Contact Name **JOHN KULPER**

Phone (....) **1300-659-282** .. Facsimile **(02) 9316-5558** Email: **john@allplanet.com.au**.....

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CORPORATE TRAVEL INSURANCE SCHEDULE

INSURED PERSON(S): All Directors, Employees, Officers and Consultants of the Insured, including their accompanying Spouse and Dependant Children

PERIOD OF INDIVIDUAL COVER:

Cover under this Policy shall only apply whilst the Insured Person is engaged on Travel during a Policy Period, as defined:

TRAVEL means travel undertaken on the business of the Insured which is authorised by the Insured and shall include associated leisure travel, **provided such travel involves a destination outside a radius of 100 kilometres from the place of departure for the commencement of the Travel excluding everyday travel to and from the Traveller's place of business.**

Cover commences from the time the Insured Person leaves his or her normal residence or place of business, whichever is the place of departure for the commencement of the Travel and continues for a **maximum period of 180 consecutive days** or until the Insured Person returns to his or her normal residence or place of business, whichever occurs first. Section 3.1 Loss of Deposits shall commence at the time the Insured Person pays in part or full for the Travel.

Section	The Schedule of Compensation Applicable Under Each Section Of This Policy For Each Insured Person During Each Period of Travel	The Compensation Each Insured Person
1 A	OVERSEAS MEDICAL EXPENSES	Unlimited
1 B	ONGOING MEDICAL EXPENSES IN AUSTRALIA	Included in 1 A
1 C	OVERSEAS MEDICAL EVACUATION EXPENSES	Included in 1 A
2	AIG ASSIST	Included in 1 A
3	LOSS OF DEPOSITS AND ADDITIONAL EXPENSES	\$20,000
4	LUGGAGE, PERSONAL EFFECTS, TRAVEL DOCUMENTS AND CREDIT CARDS LIMIT OF ANY ONE ITEM BUSINESS EQUIPMENT – Excess: 10% of each and every loss MONEY	\$20,000 \$3,500 \$5,000 \$5,000
5	PERSONAL INJURY CAPITAL SUM INSURED, Events 1-19 (a) Directors, Employees, Officers and Consultants of the Insured: (b) Accompanying Spouse & Dependant Children: *The Compensation payable for Event 1 (Death) for Accompanying Dependant Children & Insured Persons under 18 years of age is limited to: WEEKLY INJURY BENEFIT, Event 21 BROKEN BONES BENEFITS, Event 20	7 x Annual Income to a maximum of \$500,000* \$250,000* \$20,000 \$2,000 Aggregate Period Elimination Period 156 Weeks 14 Days \$5,000
6	ALTERNATIVE EMPLOYEE OR RESUMPTION OF ASSIGNMENT EXPENSES	\$10,000
7	POLITICAL RISK AND NATURAL DISASTER EVACUATION EXPENSES	\$20,000
8	MISSED TRANSPORT CONNECTION	\$2,000
9	RENTAL VEHICLE EXCESS COVER	\$5,000
10	KIDNAP AND RANSOM AND EXTORTION	\$500,000

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11	PERSONAL LIABILITY	\$10,000,000
12	EXTRA TERRITORIAL WORKERS COMPENSATION Limit of Our Liability \$1,000 per week in respect of compensation and \$1,000,000 in respect of damages and costs at common law - limited to \$1,000,000 in respect of all compensation and damages arising out of any one event with respect to any one Insured Person. \$2,000,000 aggregate Limit of Liability with respect to all compensation and all damages in respect of all claims with respect to all Insured Person(s) during any one Policy Period.	INCLUDED
13 A	CORPORATE TRAVELLERS FAMILY CARE – SPOUSE ACCIDENTAL DEATH	\$ 25,000
13 B	CORPORATE TRAVELLERS FAMILY CARE – EDUCATION FUND	\$ 15,000

If no amount is inserted against any one or more of the above Sections, this Policy does not provide cover under that Section or Sections.

In respect to claim costs incurred within Australia, We will endeavour to pay what You are entitled to receive under this Policy in accordance with the Schedule of Compensation and Policy cover. Please note however, that We may be prevented from doing so because of Government Legislation or by the agreement We have with the Government Employees Health Fund A.C.N. 003 683 298 (GEHF). A copy of the GEHF schedule can be obtained from any of Our Australian branch offices.

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