



## Corporate Travel Insurance

### Application

Please return this document to AIG and attach any additional pages as required.

#### A. Insured Details

Insured name:	
Nature of business/occupational duties to be performed overseas:	
Company Website:	

#### B. Period of Insurance

From:		at 4.00pm local standard time (GMT+12:00)
To:		at 4.00pm local standard time (GMT+12:00)

#### C. Travel Details

<b>C1. Country of Residence</b>		
1.	Is anyone to be insured under this Policy not a New Zealand citizen or permanent resident of New Zealand?	Yes / No
2.	Is anyone to be insured under this Policy not permanently residing in New Zealand?	Yes / No
3.	Are any offices outside of New Zealand to be included under this Policy?	Yes / No
<p>If you answered Yes to any of the question above then please provide full details below. If you require more space please use additional pages and attach to this application.</p>		
<b>C2. Purpose of Travel</b>		
1.	Business and associated leisure travel	Yes / No
2.	Pure leisure travel	Yes / No
3.	Travel including manual or humanitarian, emergency or overseas aid work	Yes / No
4.	Travel including any hazardous leisure pursuits or other high risk activities	Yes / No
<p>If you answered Yes to questions 2, 3 or 4 above then please provide details regarding reason for travel, type of work/pursuits, locations in the space provided below. If you require more space please use additional pages and attach to this application.</p>		

<b>C3. Areas of Travel</b>			
1. Is anyone to be insured under this Policy travelling to any country listed on the New Zealand Ministry of Foreign Affairs and Trade (MFAT) website ( <a href="http://www.safetravel.govt.nz">www.safetravel.govt.nz</a> ) as “extreme risk”?			Yes / No
2. Is anyone to be insured under this Policy travelling to any remote locations?			Yes / No
<p>If you answered Yes to the questions above then please provide the purpose of the travel, where you will be travelling to within the location, your means of transport into, out of and within the location and any other relevant details.</p> <p>If you require more space please use additional pages and attach to this application.</p>			
<b>C4. Non Scheduled Flights</b>			
1. Do you expect to use “non-scheduled” flights during travel?			Yes / No
<b>C5. Amount of Travel</b>			
<p>Please provide an estimate of the number of days to be travelled by insured persons and their spouse and accompanying children in the forthcoming year.</p> <p>Please note: for the purpose of this declaration one travel day means one person per day (i.e. two people travelling for three days on the same trip would be recorded as six days).</p>			
<b>Travel originating from New Zealand</b>	<b>Expected number of travel days</b>	<b>Travel originating from a country other than New Zealand</b>	<b>Expected number of travel days</b>
Total international business travel (including associated leisure)		Total international business travel (including associated leisure)	
Total internal business travel (including associated leisure)		Total internal business travel (including associated leisure)	
Total international pure leisure travel			
Please note: Internal travel within New Zealand attracts GST.			

#### D. Claims Experience

1. Have you previously purchased Corporate Travel Insurance? If Yes, please provide a Travel Insurance claims report with this application.	Yes / No
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#### E. Additional Details

Use this space to fill in any further details that have been requested or anything else you believe is relevant.
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## F. Duty of Disclosure

Before you enter into this Policy you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and if so on what terms.

You have the same ongoing duty to disclose those matters to us during the policy period in respect of every trip undertaken by an insured person, and before you renew, extend, vary or reinstate the Policy.

Your duty does not extend to matters:

1. That diminish the risk to be undertaken by us.
2. That are of common knowledge.
3. That we know or in the ordinary course of our business ought to know.
4. Where compliance of your duty is waived by us.

If you or the insured person fail to comply with this duty of disclosure, we may be entitled to reduce our liability under this Policy in respect of any claim, or we may cancel this Policy. If your or the insured person's non-disclosure is fraudulent, we also have the option of avoiding this Policy from the inception date.

Date:	
Signature of the Insured:	(or authorised representative)
Full Name:	(please print)



Bring on tomorrow

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