ANNUAL CORPORATE TRAVEL INSURANCE

|  |  |  |
| --- | --- | --- |
| Full Business Name |  | |
| Contact Name |  | |
| Contact Phone Number |  | |
| Contact Email |  | |
| Subsidiaries and Associated Entities |  | |
|  | |
| ABN |  | |
| Registered Address |  | |
|  | |
| Policy Start Date |  | |
| Overseas Business Trips | No. Trips\* |  |
| Avg. Day Duration of Trip |  |
| Domestic Business Trips | No. Trips\* |  |
| Avg. Day Duration of Trip |  |
| Pure Leisure Overseas Trips | No. Trips\* |  |
| Avg. Day Duration of Trip |  |
| Pure Leisure Domestic Trips | No. Trips\* |  |
| Avg. Day Duration of Trip |  |
| Will Any Travelling Employees be Manually engaged in:   * Agriculture * Construction * Fishing * Manufacturing * Mining or * Transport | Y/N  If so, please provide which sector and how many trips. | |

\*1 Trip = 1 Person Travelling (e.g. 2 trips x 2 people = 4 trips)