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/NIf so, please provide which sector and how many trips. |

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