



Business Travel Declaration

ace asia pacific

Accident & Health
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INSURED: _____ POLICY NO.: _____

Journey Details		Renewal Estimate
Overseas Travel	a) No. of Journeys per year	_____ Journeys
	b) No. of employees involved	_____ Employees
	c) Average length of each Journey	_____ Days
	d) No. of Journeys by family members	_____ Journeys
	e) Any employees away for more than 90 days in one Journey	YES / NO If YES, please supply details
Interstate Travel	a) No. of Journeys per year	_____ Journeys
	b) No. of Employees involved	_____ Employees
	c) Average length of each Journey	_____ Days
Intrastate Travel	a) No. of Journeys per year	_____ Journeys
	b) No. of employees involved	_____ Employees
	c) Average length of each Journey	_____ Days

	Overseas	Intrastate	Interstate
Will any insured person be undertaking charter/non-schedules flights? If so, please provide details.			
a) No. of helicopter flights.
- Maximum number of people on any one flight;
b) No. of flights on fixed-winged aircraft
- Maximum number of people on any one flight

Your Duty of Disclosure

If You intend to renew or have renewed this Policy, Your duty of disclosure is as follows:

What You must tell Us?

Before You renew, extend, vary or reinstate this Policy, You have a duty to disclose to Us every matter that You know or could be reasonably expected to know is relevant to Our decision to renew the Policy and, if so, on what terms.

You are not required to tell Us about a matter:

- that diminishes the risk to be undertaken by Us;
- that is of common knowledge;
- that We know or in the ordinary course of Our business ought to know; or
- if We have waived the requirement for You to tell Us.

Who needs to tell Us

You must answer Our questions in this way for You and for anyone else whom You want to be covered by the Policy.

If You do not tell Us

If You do not answer Our questions in this way, We may reduce or refuse to pay a claim or cancel the Policy. If You answer Our questions fraudulently, We may refuse to pay a claim and treat the Policy as never having been in existence.

Declaration

I/WE DECLARE that the answers and information given above are in every respect true and correct, and that I/WE have not withheld any information within MY/OUR knowledge likely to effect the decision of the Insurer as to MY/OUR eligibility for Insurance.

Title of person signing: _____

Date: ____/____/____

Signature: _____