

Conference Accumulation Questionnaire

| Personal details | | | | | |
|---|-----------------------------------|--|--|--|--|
| me of Insured Person Policy number | | | | | |
| Dates of conference | | | | | |
| Departure of first Insured Person / / Conference dates: F | | | | | |
| Return of last Insured Person / / | | | | | |
| Number of Insured travellers | | | | | |
| Employees Spouse/Partner Dependent children | Other invitees | | | | |
| Destination/s Location/s | | | | | |
| Hotel Name/s and address | | | | | |
| Flight details. Note details of individual flights should be included on page two of Number of individual flights – Departure | of this questionnaire | | | | |
| Number of individual flights – Return | | | | | |
| Maximum number of Insured's Persons on any one flight | | | | | |
| Number of non-scheduled flights (if applicable: Single engine Twi | n engine Helicopters | | | | |
| Planned transfers includes Boat & Bus Transfer details | | | | | |
| Insured Person's involved | | | | | |
| Transfer details | | | | | |
| Insured Person's involved | | | | | |
| Details of any significant activities planned i.e. Dinner Cruise, kayaking etc. | | | | | |
| Aggregate limit (b) requested. Please tick (🖌) as required | | | | | |
| Maximum accumulation: \$5,000,000 \$10,000,000 \$15, | 000,000 \$20,000,000 \$25,000,000 | | | | |
| Other (please specify) | | | | | |
| Declaration Once form is completed: sign, date and return the form to your intermediary. | | | | | |
| Signature of insured | Date | | | | |
| × | / / | | | | |

Conference Flight details

| Date | Airline | Flight No | Departure City | Arrival City | Number of Insured Persons on flight |
|------|---------|-----------|----------------|--------------|--|
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Duty of Disclosure

For insureds who are not a natural person, before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

Individuals

If you are the insured and you are a natural person, a different duty of disclosure to the one set out above applies to you. Contact your intermediary or us to ensure you are notified of your duty.

If You Do Not Tell Us Something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. If you give us information about another person (such as an insured person, their spouse, dependent children, or close family member), we will rely on you to have told them that you will provide their information to us and to have provided them with this privacy text. If the information is sensitive (eg health) information, we will rely on you to have obtained their consent to give the information to us. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984 (Cth), Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Corporations Act 2001 (Cth), Autonomous Sanctions Act 2011 (Cth), A New Tax System (Goods and Services Tax) Act 1999 (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.