

HIGH LIMIT ACCIDENT INSURANCE APPLICATION

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Association of Business Travellers

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Name of Insured: _____
First Middle Last

Residence Address: _____
Street and number

City State Zip Country (_____) Day Time Phone Number

Personal Information: _____
Date of Birth Height Weight

Name of Employer: _____

Business Address: _____
Street and Number

City State Zip Country Business Phone Number

Occupation: _____
Average Annual Earnings: US\$ _____

Purpose of Insurance: Business (please describe) _____

Pleasure (please describe) _____

If this coverage is to be used as trip insurance please indicate countries to be visited if outside the USA:

Will aviation be on regularly scheduled airlines? If "no" please provide details:

Beneficiary: _____ Relationship: _____

Address: _____

Policy Owner: _____ Relationship: _____

Address: _____

Benefits Requested: Principal Sum Benefit US\$ _____ (Not to exceed 10 times annual income or satisfactory justification must be submitted)

Coverage Requested: All-Risk 24 Hour or Common Carrier or Air Travel Only
(Check One)

Optional Coverage's: War or Acts of War and terrorism 2nd to die Chemical, Nuclear, Biological

Benefits Requested: Accidental Death (AD) Accidental Death (AD)&D And Dismemberment Accidental Death, Dismemberment and Accidental Permanent Total Disability (AD&D + APTD)

Period of Insurance: Number of Weeks: _____ Effective Date: _____

PLEASE ANSWER ALL THE QUESTIONS

- 1) Have you any physical defect of infirmity? Yes No
- 2) Is your sight or hearing defective? Yes No
- 3) Have you ever suffered from any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? Yes No
- 4) Have you ever suffered from:
 - a) high blood pressure, a heart condition, rheumatic fever or diabetes? Yes No
 - b) a 'slipped disc' or other spinal disorder, a hernia or any rheumatic or arthritic condition? Yes No
- 5) Have you ever been declined or accepted on special terms for life, accident or illness insurance Yes No
- 6) Do you intend to engage in hazardous sports or any other pastimes that expose you to extra personal injury Yes No
- 7) Have you ever been insured by this plan through Lloyd's of London Yes No
Dates and Details: _____

DECLARATION

I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health, I agree to the Underwriters obtaining medical information from any doctor or hospital who has attended me and authorize such doctor or hospital to provide this information. I agree that this proposal shall form the basis of the contract should the insurance be effected.

Signed at: _____ Date: _____

Owner: _____
(if other than the proposed insured)

Signature of Proposed Insured

By: _____
(signature of Owner or Title and signature of Officer signing for Firm or Corporation)