

Rotary Insurance Travel Authorisation Form

(This form to be submitted to DIO prior to the commencement of any Travel.
Please note that failure to do so may result in no insurance coverage)

To: District Insurance Officer _____ Email: _____

I/We..... of the Rotary Club
of District wish to advise that I/We will be travelling as part of Club
activities and require the travel to be noted and included under the District Insurance Policies.

1. Brief Description & Purpose of Travel:

2. Date of Travel: ____/____/____ to ____/____/____ Duration:

3. Incidental Travel (e.g. Holiday before/afterwards): YES NO

*If "YES", please provide details and duration of Trip. (Incidental travel means travel which is private and taken either side of or during an authorised Rotary trip to a maximum of **21 days** (the purpose of the overall Trip being predominately for the benefit of Rotary)*

4. Have you obtained a Fit to Travel letter from your General Medical Practitioner? YES NO

If "YES", please retain this for your records.

5. Have you obtained approval for travel? If so, please provide details of the person who provided approval

District: **YES NO** Provided by:.....

Club: **YES NO** Provided by:.....

RAWCS: **YES NO** Provided by:.....

ROMAC **YES NO** Provided by:.....

6. Is a Travel Risk Management Plan in place? YES NO

7. Please note that whilst travelling, there is **NIL COVER for Rental Vehicle Excess Waiver**

8. Have you registered with www.smartraveller.gov.au ?

Rotarian Contact:

Details: Phone/Fax Number:

Email address:.....

COVER CONFIRMED UNDER ROTARY POLICY YES NO DATE: ____/____/____