

Rotary Insurance Travel Authorisation Form 2025

(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 _____, Date of Birth: _____ of the Rotary Club of _____ District _____ wish to advise that I will be travelling as part of Rotary activities and request the travel to be noted and included under the District Insurance Policies.

1. Brief Description & Purpose of Travel: _____

2. Date(s) of Travel: _____ to _____ Duration: _____ days

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 relevant person who provided approval

District: ☐ YES / ☐ NO Provided by: _____

Club: ☐ YES / ☐ NO Provided by: _____

RAWCS: ☐ YES / ☐ NO Provided by: _____

Other: ☐ YES / ☐ NO Please specify Other _____

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? ☐ YES / ☐ NO

Club or District Rotarian Contact: _____

Phone Number: _____

Email address: _____

DIO TO COMPLETE

COVER CONFIRMED UNDER ROTARY POLICY

☐ YES / ☐ NO

DATE: _____