PRECISION underwriting

JOURNEY APPLICATION FORM

HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

Full Name of the Insured _____

Address _____

_____

_____ State _____ Postcode _____

Nature of Business _____

No. of Insured Persons _____

Period of Insurance **From:** |____/____/____| **To:** |____/____/____|

Broker _____

Benefits Required	**Sums Insured ($)**
Death & Capital Benefits (Events 1 – 19)	_____
Weekly Accident Benefit	_____
Waiting Period	_____
Benefit Period	_____
Aggregate Limit of Liability	$_____

Claims History

Have you previously been insured for this type of risk? Yes No If Yes, please provide any claim details

Date of Loss, Nature of Loss, Amount _____

_____

_____

IMPORTANT INFORMATION

INSURER

The Insurer of Your policy are Certain Underwriters at Lloyd's of London, who are authorised under the Insurance Act 1973 to write Australian Insurance business.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you give us to quote on and insure your risks. We only give personal information to Our Underwriters (and their representatives), Our Reinsurers (and their representatives), and people We appoint to assist us with any claims under your policy. We will not trade, sell or rent your information.

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurers before you renew, extend, vary or reinstate a contract of general insurance.

DECLARATION

I/We hereby agree that this Declaration shall be the basis of the contract between me/us and Insurers.

Date _____ Signature of Insured _____