



# GROUP PERSONAL ACCIDENT 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.

**Period of Insurance** From: | \_\_\_/\_\_\_/\_\_\_ | To: | \_\_\_/\_\_\_/\_\_\_ |

**Full Name of the Insured** \_\_\_\_\_

**Address** \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

**Nature of Business** \_\_\_\_\_

**Insured Persons** \_\_\_\_\_

\_\_\_\_\_

**Broker** \_\_\_\_\_

**Benefits Required** **Sums Insured (\$)**

**Death & Capital Benefits (Events 1 - 19)** \_\_\_\_\_

**Weekly Injury Benefit** \_\_\_\_\_

**Weekly Sickness Benefit** \_\_\_\_\_

**Waiting Period** \_\_\_\_\_ **days/weeks**

**Benefit Period** \_\_\_\_\_ **weeks**

**Aggregate Limit of Liability** \$ \_\_\_\_\_

## Group Personal Accident - Occupation/Duties

**What is the Occupation?** \_\_\_\_\_

**Describe duties involved?** \_\_\_\_\_

\_\_\_\_\_

**Number of people to be covered?** \_\_\_\_\_



**Scope of Cover – Please select when cover is required:**

- a) 24 hours/365 days
- b) Work hours only (including commuting)
- c) Work Hours only (excluding commuting)
- d) Outside of work hours

**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 \_\_\_\_\_