

# Accident and Health Proposal Form

## Help with completing this proposal form

- » This application must be completed in full including all required attachments.
- » If more space is needed, please attach a separate sheet with the required information.
- » The term Proposer, whenever used in this proposal form shall mean the Insured listed and all subsidiary companies of the Insured for which coverage is proposed under this proposal.
- » The term Insured and subsidiary shall have the same meaning in this proposal form as in the policy.

## Your 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 which You know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- » that diminishes the risk to be undertaken by Us;
- » that is common knowledge;
- » that We should know, or in the ordinary course of business as an insurer, should know;
- » as to which compliance with your duty is waived by Us.

If you fail to comply with your duty of disclosure, We may be entitled, without prejudice to any other rights, to reduce our liability under the contract in respect of a claim, or We may cancel the contract. We may also have the option of avoiding the contract from the beginning.

## Privacy

Chase Underwriting Pty Ltd is committed to protecting the privacy of the personal information You provide Us. Chase Underwriting Pty Ltd collects, uses and retains Your personal information in accordance with the National Privacy Principles.

We need to collect the personal information on the applicable proposal form to consider Your application for insurance and to determine the premium (if Your application is accepted) when You are applying for, changing or renewing an insurance policy with Us. This information will also be used if You lodge a claim under Your policy. We may also need to request additional information from You in connection with your application or a claim. If You do not provide Us with this information, or any additional information We request, We may not be able to process Your application or offer You insurance cover or respond to any claim.

## We may disclose the personal information we collect:

- » To our relevant employees involved in delivering our services;
- » To the Lloyd's Syndicates we represent (which are located in the United Kingdom);
- » If Your insurance broker collects this form from You, to that broker;
- » To insurance reference bureau or credit reference bureau;
- » To facilitators such as legal firms, professional experts such as accountants, actuaries, engineers and technology experts;
- » To reinsurers or reinsurance brokers (which may include reinsurers located outside of Australia).
- » To the insurance companies with whom we transact business;

Where we do disclose the information as above the recipient may hold the information in accordance with its own privacy statement/policies. Those may include, by way of example, disclosing the information to and storage of that information by its associated entities which may be located overseas. We may also be required to provide Your personal information to others for purposes of public safety and law enforcement and if required by law or by a law enforcement body to do so.

You may request access to Your personal information, and where necessary, correct any errors in this information (some restrictions and costs may apply). If You would like to access a copy of Your personal information or You wish to correct or update Your personal information, please contact us on [privacy@chaseunderwriting.com.au](mailto:privacy@chaseunderwriting.com.au).

This proposal form DOES NOT bind the Proposer to complete the insurance but will form part of any insurance.

| DETAILS OF THE PROPOSER        |  |                   |                   |
|--------------------------------|--|-------------------|-------------------|
| Select your required product/s |  |                   |                   |
| Group Personal Accident        |  | Voluntary Workers | Journey Insurance |
| Full Name of Insured           |  |                   | ABN               |
| Business Address               |  |                   |                   |
| Period of Insurance            |  |                   |                   |

| DETAILS OF PERSONS TO BE COVERED  |                          |     |    |
|---|--------------------------|-----|----|
| No. of Employees  |                          |     |    |
| No. of Directors / Board Members  |                          |     |    |
| Other   |                          |     |    |
| Please provide details of any 'Other' persons to be insured   |                          |     |    |
|   |                          |     |    |
| Is this cover part of an Enterprise Bargaining Agreement (EBA)?                                     | <input type="checkbox"/> | Yes | No |
| If YES, please provide details  |                          |     |    |
| If YES, please provide the annual wage roll of the Insured Persons                                  |                          |     |    |
| Would any proposed Insured Person/s have cause to consider themselves not presently in good health? | <input type="checkbox"/> | Yes | No |
| If YES, please provide details  |                          |     |    |

| DESCRIPTION OF ACTIVITIES & OR INSURED OCCUPATION   |                          |     |    |
|---|--------------------------|-----|----|
| Description of Volunteering Activities or Insured Occupation  |                          |     |    |
| Do any Insured Persons require cover for any hazardous sports or duties undertaken at work (such as martial arts, quad bike riding, heavy lifting or working from heights)? | <input type="checkbox"/> | Yes | No |
| If YES please provide details   |                          |     |    |

| SCOPE OF COVER   |                        |
|--|------------------------|
| 24 hours, 365 Days                                     | During work hours only |
| Work hours only (including commuting to and from work) | Journey only           |
| Outside of work hours                                  |                        |

| BENEFITS REQUESTED                            |             |                |  |          |          |                |            |  |  |
|---|-------------|----------------|--|----------|----------|----------------|------------|--|--|
| Benefit                                       | Sum Insured | Excess Period  |  |          |          | Benefit Period |            |  |  |
| Accidental Death / Disablement                | \$          | Not applicable |  |          |          | Not applicable |            |  |  |
| Weekly Injury Benefits                        | \$          | 7 days         |  | 14 days* | 56 weeks |                | 104 weeks* |  |  |
| Weekly Sickness Benefits (24 hour cover only) | \$          | 7 days         |  | 14 days* | 56 weeks |                | 104 weeks* |  |  |
| Broken Bones                                  | \$          | Not applicable |  |          |          | Not applicable |            |  |  |
| Dental  | \$          | Not applicable |  |          |          | Not applicable |            |  |  |

\*Standard excess and benefit periods. Other benefit periods and cover limits are available on application

| PREVIOUS INSURANCE HISTORY  |  |  |     |    |
|---|--|--|-----|----|
| Does the Insured currently hold or has the Insured previously held any Voluntary Workers, Journey or Group Personal Accident insurance?   |  |  | Yes | No |
| If YES, with whom and for how long?   |  |  |     |    |
| Has the Insured ever made a claim for Accident or Sickness?   |  |  | Yes | No |
| If YES, please provide Date of Loss, Nature of Loss and Amount claimed  |  |  |     |    |
|   |  |  |     |    |
| Has the Insured ever been declined Group Personal Accident, Voluntary Workers or Journey Insurance, or been issued such insurance which has subsequently been cancelled or a renewal refused? |  |  | Yes | No |
| If YES, please advise?  |  |  |     |    |

**DECLARATION**

I /We the undersigned duly authorised person(s) declare that:

- a. The above statements are correct, true and complete; and
- b. No information material to this Proposal Form has been withheld; and
- c. I/we accept the terms, exclusions, conditions and limitations of the associated Chase Underwriting Product Disclosure Statement.

|   |      |
|---|------|
| Signature of Insured or Authorised Representative |      |
| Name  | Date |

**Chase Underwriting Accident and Health Division**

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**About Chase Underwriting Pty Ltd**  
This insurance is issued by Chase Underwriting Pty Ltd (AFSL number 454344) acting under an arrangement as an agent of Certain Underwriters at Lloyds. Chase acts on behalf of and in the interest of Certain Underwriters at Lloyds.

*Only the cover selected at the time of purchase and specified in the Policy Schedule are included. All cover is subject to the terms, limitations, conditions and exclusion of the Policy Wording.*

