

IMPORTANT NOTICE:

- You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the Policy. If you fail to do so there may be consequences. This is set out in the Product Disclosure Statement.
- Please answer **all questions honestly and accurately to the best of your knowledge in full**. Where appropriate tick the yes or no box which indicates your reply. If a yes or no response is not appropriate for your reply, please specify why.
- If there is insufficient space, please provide further details on your letterhead or supporting documentation. All attached documents form part of this Proposal.
- If you are unclear of any particular question or would like us to explain it to you, please contact your insurance broker.

1. Please select the type of Insurance being applied for:

- Group Personal Accident Insurance
 Voluntary Workers Insurance

Your Details

2. Insured name(s).

The above is to include all entities to be insured, including service companies and subsidiaries.

3. ABN

4. Website address(s)

5. Contact name Contact number

The Business

6. Principal business address

7. Nature of the Business/Activities:

Staff / Workers

8.	STAFF	VIC	NSW	QLD	WA	ACT	SA	TAS	NT
	Employees / Volunteers								
	Directors and/or Committee Members								

If you have selected Group Personal Accident, skip question 9 and go to question 10.

9. Total Number of voluntary workers to be covered
10. In total how many hours per week is voluntary work undertaken?

Cover Required

- 11. Benefits required** **Sum Insured**
- Accidental Death & Capital Benefits (Insured Events 1-19)..... \$
- Weekly Accident Benefit (Event 20 - 21) \$
- Weekly Sickness Benefit (Event 22 - 23)..... \$
- Waiting / Excess Period (Days): 7 14 30 60 90
- Benefit Period (Weeks): 52 104

**Note: This Policy will not pay more than 85% of gross salary for Temporary Total Disablement.
Furthermore no payments shall be made without a certificate from a suitably qualified Medical Practitioner.**

Insurance History, Medical History & Additional Information Required

12. Has any of the persons to be covered ever suffered a serious accident requiring Hospitalisation and/or ongoing treatment? No Yes
- If **Yes**, please provide details below such as what decision was made and why:

13. Has any Insurer ever in connection with Personal Accident and/or Illness or similar Insurance:
- a) Declined the Policyholder's application?..... No Yes
- b) Cancelled or refused renewal of a Policy?..... No Yes
- c) Required an increased premium or imposed special terms?..... No Yes

If **Yes**, please provide full details such as what decision was made and why.

14. Are any of the person(s) to be covered over the age of 65 years in respect of Group Personal Accident or 80 years in respect of Voluntary Workers Cover?..... No Yes
- If **Yes**, please provide Name, Date of Birth and Occupation/duties:

Claims Details

15. Has the Policyholder and/or Covered Person(s) ever made a claim under any accident and/or sickness Policy in the past 5 years?..... No Yes

If **Yes**, please provide details:

YEAR	INSURER	AMOUNT PAID	AMOUNT OUTSTANDING	TOTAL INCURRED	DESCRIPTION

Declaration

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Applicant(s) to complete this Proposal.
- I have read and understood the Important Notices accompanying this Proposal.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I authorise ProRisk to collect or disclose any personal information relating to this insurance to or from other insurers or insurance or credit reference services.
- I confirm that the statements and information in this Proposal are true and complete.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform ProRisk of any change to the information contained in this Proposal.
- I acknowledge that, if a contract of insurance is entered into, this Proposal and any accompanying documents will form the basis of the contract.

Name:

Position:

Signature:

Date:

IMPORTANT INFORMATION

PRORISK

Professional Risk Underwriting Pty Ltd ABN 80 103 953 073 AFSL 308076 ("ProRisk") is authorised to bind this Policy on behalf of the Underwriter.

UNDERWRITER

means Swiss Re International SE Australia Branch (ABN 38 138 873 211).

YOUR DUTY TO TAKE REASONABLE CARE NOT TO MISREPRESENT

You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the Policy.

This means that it is essential that You respond to specific questions that We ask honestly and to the best of Your knowledge, including where We ask You to confirm or update information that You have previously given to Us when entering into, varying, extending or renewing the Policy. However, You will not have made a misrepresentation merely because You failed to answer a question or gave an obviously incomplete or irrelevant answer to a question.

To assist You with providing Us with honest and accurate responses to any questions We ask of You, We have endeavoured to ensure that any questions We ask are clear and easy to understand. Further, where possible, We can provide examples of the types of responses We are looking for when asking a particular question.

If You are unclear of any particular question or would like Us to explain it to You, please get in touch with Us via Your Insurance Broker and we will explain this to You.

In determining whether You have fulfilled this duty to take reasonable care not to make a misrepresentation to Us, We will consider all of the relevant circumstances of a particular case. In particular, We may take into account the type of this insurance contract and its target market, explanatory material or publicity produced or authorised by Us, how clear and how specific any questions asked by Us were, how clearly We communicated to You the importance of answering those questions and the possible consequences of failing to do so, whether or not an agent was acting for You and whether the contract was a new contract or was being renewed, extended, varied or reinstated. We must also take into account any particular characteristics or circumstances about You which We were aware of, or ought reasonably to have been made aware of.

If You do not respond honestly and accurately to specific questions that We ask, We may (acting reasonably) cancel Your contract or reduce the amount We will pay You if You make a Claim, or both. It is therefore vital that You be honest and specific in Your responses. If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the Policy as if it never existed (this does not mean that We will refund any premiums that You have already paid)

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, Underwriters may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, Underwriters may also have the option of avoiding the contract from its beginning.

RIGHT OF RECOVERY

The policy excludes indemnity for any claim arising directly or indirectly from or in connection with any liability for which the insured has foregone, excluded or limited a right of recovery against any party.

MATERIAL CHANGE

The policy provides that the insured must notify us within thirty

(30) days of any material change in the nature of the business or any material change to the risk during the insurance period.

POLICY CANCELLATION

In the event of policy cancellation by the insured, ProRisk's cancellation rates will apply.

COMPLAINTS HANDLING

Any enquiry or complaint relating to this insurance should be referred to ProRisk in the first instance. We have a complaints handling and internal dispute resolution process to assist You, and information about Our complaints handling procedures is available upon request. If this does not resolve the matter or You are not satisfied with the way a complaint has been dealt with, You should write the Complaints Department of the Underwriter:

- The Complaints Manager
Swiss Re International SE Australia Branch
Level 36, Tower Two, International Towers Sydney
200 Barangaroo Avenue
Sydney NSW 2000
- Telephone: (02) 8295 9500
- Email: complaints_anz@swissre.com

Complaints that cannot be resolved by the Complaints Department of the Underwriter may be referred to the:

- Australian Financial Complaints Authority
GPO Box 3
Melbourne VIC 3001
- Email: info@afca.org.au
- Telephone: 1800 931 678

Further details will be provided at the appropriate stage of the complaints process.

IMPORTANT INFORMATION CONTINUED

PRIVACY STATEMENT

ProRisk is bound by the obligations of the Privacy Act 1988 (as amended) regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We collect personal information about you to enable us to provide you with relevant products and services, to assess your application for insurance and, if a contract is entered, to enable us to provide, administer, and manage your policy, and to investigate and handle any claims under your policy.

We may disclose your information to third parties (who may be located overseas), such as the insurer, lawyers, claims adjusters, and others appointed by ProRisk or by the insurer to assist us and them in providing relevant products and services. We may also disclose your information to people listed as co-insured on your policy and to your agents. By providing your personal information to us, you consent to us making these disclosures.

If you do not provide all or part of the information required, we may not be able to provide you with our products and services, consider your application for insurance, administer your policy, assess or handle claims under your policy, or you may breach your Duty To Take Reasonable Care To Not Misrepresent.

When you provide us with personal information about other individuals, we rely upon you to have made them aware of that disclosure, and of the terms of the ProRisk Privacy Statement, and to obtain their consent.

For a copy of the ProRisk Privacy Statement or to request access to or update the personal information, contact the Privacy Officer at ProRisk by email: enquiries@prorisk.com.au or by mail at the address shown on this policy.

GENERAL INSURANCE CODE OF PRACTICE

The Underwriter proudly supports the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. You can obtain a copy of the General Insurance Code of Practice from <http://www.codeofpractice.com.au/> or by contacting Us.