

## GROUP & VOLUNTARY WORKERS PERSONAL ACCIDENT & SICKNESS INSURANCE PROPOSAL

**Important Notice:**

- Please answer **all questions in full**. Where appropriate tick the **yes** or **no** box which best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead. All attached documents form part of this Proposal.

**Please select the type of Insurance being applied for:**

- Group Personal Accident Insurance                       Voluntary Workers Insurance

**Your Details**

1. Insured Name(s): \_\_\_\_\_

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

2. ABN: \_\_\_\_\_ 3. Website: www. \_\_\_\_\_

4. Contact Name: \_\_\_\_\_ 5. Contact Number: \_\_\_\_\_

**The Business**

6. Principal Business Address: \_\_\_\_\_

7. Nature of the Business/Activities: \_\_\_\_\_

**Staff / Workers**

8. Number of Persons / Volunteers to be Covered

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

9. Voluntary workers to be covered information (if you have selected Group Personal Accident go to Q.10)

Total Number of voluntary workers?

In total how many hours per week is voluntary work undertaken?

**10. Cover Required**

**Sum Insured**

Accidental Death & Capital Benefits (Insured Events 1-19) \$ \_\_\_\_\_

Weekly Accident Benefit (Event 20 - 21) \$ \_\_\_\_\_

Deferral / Excess Period (Days)       7       14       30       60       90

**Insurance History & Additional Information Required**

11. Has any of the persons to be covered ever suffered a serious accident requiring Hospitalisation and/or ongoing treatment?      Yes       No

If **yes**, please provide details below:

**12.** Has any Insurer in connection with Personal Accident and/or Illness or similar Insurance:

- a) Declined the Policyholder's application? Yes  No
- b) Cancelled or refused renewal of a Policy? Yes  No
- c) Required an increased premium or imposed special terms? Yes  No

If yes, please provide details below:

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**13.** 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? Yes  No

If yes, please provide Name, Date of Birth and Occupation:

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**Claims Details**

**14.** Has the Policyholder and/or Covered Person(s) ever made a claim under Accident and/or Illness Insurance in the past 5 years? Yes  No

If yes, please provide details:

Year	Insurer	Amount Paid	Outstanding	Total Incurred	Description

**Declaration**

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to make 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 and attaching to 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.

**Signature:** \_\_\_\_\_

**Name & Title:** \_\_\_\_\_

**Date:**                    /                    /

**Important Notice: Please return the completed form to your Insurance Broker or Advisor**

## IMPORTANT INFORMATION

### PRORISK

ProRisk, Professional Risk Underwriting Pty Ltd ABN 80 103 953 073 AFSL 308076, is a coverholder for certain Underwriters at Lloyd's.

### YOUR DUTY OF DISCLOSURE

Section 21 of the *Insurance Contracts Act 1984* provides that before you enter into a contract of general insurance with an insurer, you have a duty 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 the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of matter:

- That diminishes the risk to be undertaken by the insurer;
- That is of common knowledge;
- That your insurer knows, or in the ordinary course of its business, ought to know;
- As to which compliance with your duty of disclosure is waived by the insurer.

### 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.

### 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 of Disclosure.

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

ProRisk and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

### 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 to Lloyd's Underwriters' General Representative in Australia at the address set out in the Certificate of Insurance.