



ASR Underwriting Agencies

Proposal Form

PERSONAL ACCIDENT AND ILLNESS

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's

IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM. This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contract Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

If you do not tell us something: If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators).

Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you.

We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website www.asruw.com.au

BROKER DETAILS

Broker Name		Contact Name	
Phone Number		Fax Number	
Email Address			

GENERAL INFORMATION

Full name of Insured											
Occupation											
Details of occupational duties											
Address											
Suburb					State		Postcode				
Telephone					Mobile						
Email address											
Date of birth		/ /		Height			Weight				
Date you require cover to commence		/ /									
Tick which type of cover you require:				<input type="checkbox"/> Personal accident ONLY		<input type="checkbox"/> Personal accident and illness					
Please state the amount of benefit per week you require:					\$						
Show percentage of work performed in each state:				NSW	%	ACT	%	QLD	%	WA	%
				VIC	%	TAS	%	SA	%	NT	%
Please answer the following questions and give details where applicable:											
1. Have you any physical defect or infirmity, or any defect of your sight or hearing or other senses and facilities?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever suffered from clinical depression or anxiety, or any nervous or mental condition, fainting episode, blackouts, fit or paralysis of any kind?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever suffered from high blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you suffered from a slipped disc or other spinal disorder, a hernia, or rheumatic or arthritic condition?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Have you ever suffered from any respiratory, urinary or allergic condition or any disorder of the digestive system?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you ever suffered from any other condition or injury needing medical advice or treatment in the past three years, or any symptom or tendency that might necessitate this in the future?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever received counselling or any medical advice, test or treatment, in connection with AIDS or any AIDS related condition?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do the weekly benefits under all insurances carried by you, including this proposed one, exceed 70% of your average weekly net earnings?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do you anticipate that you might travel extensively or reside temporarily outside of Australia during the policy period?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do you anticipate that you might undertake more than 20 air flights per annum, or fly by other than as a fare-paying passenger? (if so, please state full details and expected number of flights).										<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Do you anticipate that you might engage in football, rugby, equestrian or winter sports or any hobbies/pastimes rendering you liable to personal injury? (as an additional premium may be required).										<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have you ever been declined or accepted on special terms for life, accident or illness insurance?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are there any additional facts affecting the proposed insurance, which should be disclosed to the underwriters?										<input type="checkbox"/> Yes <input type="checkbox"/> No	

DECLARATION – YOUR DUTY OF DISCLOSURE

I believe the above statements to be true and complete and understand that they will form the basis for underwriters' consideration of my request for insurance.

I declare that apart from the matters declared above, I am in good health and ordinarily enjoy good health.

I consent to the underwriters seeking medical information from any doctor who has at the time attended me concerning anything that affects my physical or mental health and seeking information from any insurance office to which a proposal has been made for insurance on my life and I authorise the giving of such information.

Signature of person to be insured		Dated	/	/
Name and address of proposer if other than person to be insured				
		State		Postcode
Signature		Dated	/	/

IMPORTANT NOTICE

*The proposal form should be completed to the best of your knowledge and belief, and all MATERIAL FACTS (see following *), should be disclosed.*

*Failure to do so may nullify cover under any insuring document issued. (*A MATERIAL FACT is one that is likely to influence the underwriters' acceptance or assessment of your proposal; if in any doubt please consult your insurance broker).*

You may find it helpful to keep an independent record of the information you supply in connection with the proposal, including copies of any relevant letters.

A copy of your completed proposal form is available from your insurance broker on request within three months.

If you consider the answer to any questions in the proposal form requires expert knowledge, which you do not have, please indicate this in your answer.

Cooling off period: *If within 14 days of accepting this insurance you discover that it is unsuitable, your premium will be refunded to you provided you have not made a claim.*

CANCELLATION CHARGES

If we are requested to cancel the policy, we will charge the following short period rate premiums. We will hold you and or your insurance intermediary liable to pay these amounts

Within 1 month of inception:	25% of the quoted premium	Thereafter at terms to be agreed with underwriters
Within 2 months of inception:	20% of the quoted premium	
Within 3 months of inception:	15% of the quoted premium	