

Directors Personal Accident and Sickness

Proposal form

Issued by Agile Underwriting Services Pty Ltd
ABN 48 607 908 243 — AFSL 483374



**Accident
& Health**

Powered by  **AGILE.** Coverholder at **LLOYD'S**

Important Information

- Please complete all relevant sections of this proposal form to enable us to provide you with an insurance quotation.
- This proposal form can be completed electronically, alternatively you can manually complete the proposal form and email it to your Insurance Broker.
- We take your privacy very seriously. If you would like to review our Privacy Policy you can call us on 1300 475 092 or email us at privacy@agileunderwriting.com or visit our website www.agileunderwriting.com.

Section 1 – Company Details

1. Names of all entities to be insured:

Name of Insured Company:	ABN:
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2. Contact details:

Telephone number:	Website address:
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Email address:

3. Address of principal office:

Street Address:		
City:	State:	Postcode:

4. Address of other office(s):

Street Address:		
City:	State:	Postcode:

5. Nature of Business:

6. Name of Directors to be covered by the policy:

Section 2 – Risk Details

7. Number of Clerical Directors (80% office bound)		
8. Number of Non-Clerical Directors (20% office bound)		
9. What is the age of Directors to be covered?	Average	Maximum
10. What is the total wageroll of Directors to be covered?	\$	
11. What is the salary of Directors to be covered?	Average \$	Maximum \$
12. Do any Directors have pre-existing conditions? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

13. Have any Directors been treated by a registered medical practitioner (Doctor, Nurse, Physiotherapist, Psychiatrist etc.) for any injury or sickness in the past 5 years that required hospitalisation, time of work or ongoing treatment? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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14. What period of insurance is required? (DD/MM/YY)	From: / /	To: / /
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Section 3 – Benefits

15. Please select a level of cover from the following options. If you would like a quote for both the select both options.

Option 1 Option 2 Both

OPTION 1		OPTION 1	
Death	\$200,000	Death	\$200,000
Capitals (PTD, Limbs, Fingers, Toes etc.)	\$200,000	Capitals (PTD, Limbs, Fingers, Toes etc.)	\$200,000
Weekly Accident (85% of salary)	\$2,000	Weekly Accident (85% of salary)	\$2,000
Excess Period (days)	7	Excess Period (days)	7
Benefit Periods (weeks)	104	Benefit Periods (weeks)	104
Weekly Sickness (85% of salary)	\$2,000	Weekly Sickness (85% of salary)	\$2,000
Excess Period (days)	7	Excess Period (days)	7
Benefit Periods (weeks)	104	Benefit Periods (weeks)	104
Aggregate Limit of Liability	\$2,000,000	Aggregate Limit of Liability	\$2,000,000
Aircraft Accumulation Limit	\$1,000,000	Aircraft Accumulation Limit	\$1,000,000

Section 4 – Claims History

16. Have you previously been insured for this type of risk? Yes No

If yes, please provide an up to date claims experience and submit with this proposal form.

Broker Details

Name of Insurance Brokerage:		Name of Contact Person at Insurance Brokerage:	
Email Address:		Contact Number:	

Declaration

Privacy Declaration

I/We agree that, by submitting this form, the personal information I/we provide to Agile in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy, including providing quotation(s). Yes

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this risk has been withheld. I/We understand that this risk may be refused if information is untrue, inaccurate or concealed. Yes

Signed by:

Name of Contact Person:	On behalf of (insert name of firm):
Signature:	Date: (DD/MM/YY) / /