

# Group Journey Personal Accident and Sickness Insurance

## 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](mailto:privacy@agileunderwriting.com) or visit our website [www.agileunderwriting.com](http://www.agileunderwriting.com).

## Section 1 – Company Details

### 1. Names of all entities to be insured:

Name of Insured Company:

ABN:

### 2. Contact details:

Telephone number:

Website address:

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. Insured Persons:

## Section 2 – Risk Details

7. What is the occupation of the insured?

8. What are the duties involved?

9. What is the total number of insured persons to be covered?

10. Please provide the split of insured persons by their occupational class: Total %:

Class 1 – Non-manual (clerical, administrative, office workers etc.)	%
Class 2 – Non-manual (out of office, supervisory, sales workers etc.)	%
Class 3 – Light manual (technicians, personal service workers, carpentry etc.)	%
Class 4 – Heavy manual (machine operators, drivers, labourers etc.)	%
Class 5 – High risk or hazardous (sports, pilots, armed forces etc.)	%

11. What is the age of persons to be covered?

Average

Maximum

12. What is the total wagheroll of persons to be covered?

\$

13. What is the salary of persons to be covered?

Average

Maximum

\$

\$

14. What period of insurance is required? (DD/MM/YY)

From:

To:

/ /

/ /

## Section 3 – Benefits

15. What's benefits/sums insured are required?

Death	\$
Capitals (PTD, Limbs, Fingers, Toes etc.)	\$
Weekly Accident	\$
Excess Period (days)	
Benefit Periods (weeks)	

Weekly Sickness	\$
Excess Period (days)	
Benefit Periods (weeks)	
Aggregate Limit of Liability	\$
Aircraft Accumulation Limit	\$

## Section 4 – Claims History

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

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

## 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)       /       /