Group Personal Accident & Sickness Insurance

Proposal form

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:

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:**

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.)	%

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

12. **What is the total wageroll of persons to be covered?**	$

	Average	Maximum
13. **What is the salary of persons to be covered?**	$	$

14. **What is the scope of protection required?**	☐ Other (please state)
☐ 24 hours, 365 days ☐ 24 hours reducible by Workers Compensation ☐ Working hours only ☐ Outside working hours only ☐ Fly in Fly out	

	From:	To:
15. **What period of insurance is required? (DD/MM/YY)**	/ /	/ /

Section 3 – Benefits

16. **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

17. **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.

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) / /