# Volunteers Personal Accident and Sickness Insurance

## Proposal form

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

**Accident & Health**

# 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: |
|---|---|
|  |  |

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 nature of the voluntary work?**

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 voluntary work:**     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 number of persons involved in voluntary work at any one time?** | Average | Maximum |
| 13. **What is the average number of volunteer days per person?** | | |
| 14. **Is any travel undertaken to or from such voluntary work outside a radius of 100km?** | Yes ☐     No ☐ | |
| 15. **What period of insurance is required?** (DD/MM/YY) | From:    /    / | To:    /    / |

# 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?**     Yes ☐     No ☐

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:<br>(DD/MM/YY)          /          / |