



Directors Personal Accident and Sickness

Proposal form

Issued by Agile Underwriting Services Pty Ltd

ABN 48 607 908 243 — AFSL 483374

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LLOYD'S Underwriters

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 705 031 or email us at privacy@withagile.com or visit our website www.withagile.com.
- [The Product Disclosure Statement is available here.](#)

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. 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 wage roll 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details:		

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?

Yes ☐ No ☐

If yes, please provide details:

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

Section 3 – Benefits

15. Please select a level of cover from the following options.

Option 1 ☐ Option 2 ☐ Quote for both ☐

OPTION 1		OPTION 2	
Death	\$200,000	Death	\$400,000
Capitals (PTD, Limbs, Fingers, Toes etc.)	\$200,000	Capitals (PTD, Limbs, Fingers, Toes etc.)	\$400,000
Weekly Accident (85% of salary)	\$2,000	Weekly Accident (85% of salary)	\$4,000
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)	\$4,000
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	\$4,000,000
Aircraft Accumulation Limit	\$1,000,000	Aircraft Accumulation Limit	\$2,000,000

Section 4 – Other

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.

17. Have you or any director/partner/manager of the business ever:

(a) had insurance declined or cancelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) had an insurer refuse or not invite renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) had any special conditions imposed on a policy of insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) had a special excess imposed on a policy of insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) had a claim rejected under a policy of insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f) been declared bankrupt or placed into receivership or liquidation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g) been charged with or convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to any of the above questions, please provide full details below:

Broker Details

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

Duty of Disclosure

What You must tell Us

We will ask You various questions when You apply for cover. When You answer those questions, You must be honest and You have a duty under law to tell Us anything known to You, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure You, and anyone else to be insured under the Policy, and on what terms. You have this same duty to disclose those matters to Us before You renew, extend, vary or reinstate Your Policy.

If You do not tell us

If You do not answer Our questions in this way, We may reduce Our liability under contract in respect of a claim or refuse to pay a claim, or cancel the Policy. If You answer Our questions fraudulently, We may refuse to pay a claim and treat the Policy as never having commenced.

Declaration

I/we the undersigned duly authorised person(s) declare that:

- i) I am/we are authorised by each of the Insured to sign this Proposal Form; and
- ii) the above statements are correct, true and complete; and
- iii) no information material to this Proposal Form has been withheld; and
- iv) I/we have read the important information which you have put before me/us and I/we understand the advice given in relation to the duty of disclosure; and
- v) I/we have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and
- vi) I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii) I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and

- viii) I/we acknowledge that the insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance; and
- ix) except where indicated to the contrary, I/we understand that any statement made in this Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- x) I/we have read Agile's Privacy Statement on this Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement.

Signed by:

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