Group Personal Accident & Sickness Insurance

Proposal form

Powered by Agile

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. **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?**
    - ☐ 24 hours, 365 days
    - ☐ 24 hours reducible by Workers Compensation
    - ☐ Working hours only
    - ☐ Outside working hours only
    - ☐ Fly in Fly out

    ☐ Other (please state)

	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 – Other

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.

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

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

 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) / /