



Individual Personal Accident and Sickness Insurance

Proposal form

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

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LLOYDS 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 – Your Details

1. Personal details:

Name of your business:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Full Name:	Date of birth: / /

2. Contact details:

Telephone number:	ABN:
Email address:	

3. Address:

Street Address:		
City:	State:	Postcode:

Section 2 – Risk Details

4. What is your occupation?		
5. What are your main duties?		
6. If you fly an aircraft, how many flights do you anticipate in a year?		
7. How many flights do you do in a:		
Chartered aircraft (non-scheduled)	Fixed wing	Rotary
Private aircraft	Fixed wing	Rotary
8. What is the scope of protection required?		<input type="checkbox"/> Other (please state)
<input type="checkbox"/> 24 hours, 365 days <input type="checkbox"/> 24 hours reducible by Workers Compensation <input type="checkbox"/> Working hours only <input type="checkbox"/> Outside working hours only <input type="checkbox"/> Fly in Fly out		
9. What period of insurance is required? (DD/MM/YY)	From: / /	To: / /
10. Are you currently insured for Personal Accident and Sickness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 3 – Benefits

11. 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 – Acknowledgement

If “Yes” to any of the following questions, please provide details including name and address of doctors and hospitals if applicable.

12. Have you ever had medical or surgical advice or treatment, or been hospital confined during the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Have you ever been declined, loss of licence, accident, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. Have you every claimed under any loss of licence or accident and sickness insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. Are there any circumstances connected with your occupation or other activities which render you liable to injury or sickness? e.g. Football, Soccer, Hazardous Activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17. Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, arthritis, paralysis, rheumatism, any disorders of the mental, respiratory, nervous, genile–urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
18. Are there any reasons that would cause you to consider yourself not presently in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 5 – Other

19. 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.

20. 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 / Insured Person 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) / /