# Group Personal Accident Insurance

# Proposal Form

# Important Notices

PLEASE READ THE FOLLOWING NOTICES BEFORE COMPLETING THIS PROPOSAL FORM.

## Help with completing this proposal form

* This application must be completed in full including all required attachments.
* If more space is needed, please attach a separate sheet with the required information.
* The term Proposer, whenever used in this proposal form shall mean the Insured listed and all subsidiary companies of the Insured for which coverage is proposed under this proposal.
* The term Insured and subsidiary shall have the same meaning in this proposal from as in the policy.

## Duty of disclosure

Before You enter into an insurance contract, You have a duty to tell the insurer anything that You know, or could reasonably be expected to know, may affect their decision to insure You and on what terms. You have this duty until they agree to insure You. You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

* reduces the risk they insure You for;
* is common knowledge;
* they know or should know as an insurer; or
* they waive Your duty to tell them about.

If You do not tell Us something You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both. If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

## Your duty to take reasonable care not to make a misrepresentation to an Insurer

Before You enter into a contract of general insurance with Us, You have a duty, under the *Insurance Contracts Act 1984* (Cth) to take reasonable care not to make a misrepresentation to Us and to disclose to Us every matter which You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to take reasonable care not to make a misrepresentation and to disclose those matters to Us before You renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

* that diminishes the risk to be undertaken by Us;
* that is common knowledge;
* that We know, or in the ordinary course of business as an insurer, should know; or
* as to which compliance with Your duty is waived by Us.

Everyone who is insured under this Policy must comply with the duty to take reasonable care not to make a misrepresentation to Us. If You provide information about an Insured Person, You do this on their behalf.

If You (or they) don’t comply with the duty to take reasonable care not to make a misrepresentation to Us, We may reduce the amount of any claim and/or cancel Your Policy. If fraud is involved, We may treat Your Policy as if it never existed.

## General Insurance Code of Practice

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

* The objectives of the Code are: to promote better, more informed relations between insurers and their customers;
* to improve consumer confidence in the general insurance industry;
* to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
* to commit insurers and the professionals they rely upon to higher standards of customer service; and to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or alternatively, you can request a brochure on the Code from us.

## Utmost Good Faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract should act towards each other with the utmost good faith. Failure to do so in your part may prejudice any claim and/ or the circumstances of the insurance contract.

## Change of risk or circumstances

The terms and conditions of any insurance policy offered by the Insurer will be based on the information provided to the Insurer. If any material change occurs to the information provided on or with this proposal form prior to the inception of the policy, it is essential that the Insurer is advised of the same prior to inception of any policy. Failure to do so on your part may prejudice any subsequent claim under the policy and/ or the continuation of the insurance contract.

## Insurer

Chase Accident & Health is a division of Chase Underwriting Solutions Pty Ltd, ABN 50 156 554 808, AFSL 454344 (“Chase”). Chase is an underwriting agency and is authorised to act on behalf of and in the interests of certain Underwriters at Lloyd’s and other general insurers (collectively the “Underwriters”).

Chase may also place insurance with Lloyd’s or other general insurers acting as a wholesale insurance broker. Where Chase acts in this capacity, we act for and on behalf of the retail broker and we will identify this circumstance and the relevant insurers under the heading “Insurers (open market)” in the Schedule of the policy.

Completing and signing this proposal form does not bind either the proposer or the Insurer to enter into a contract of insurance.

## Privacy statement

* + 1. Chase is committed to safeguarding and protecting you, the Insured’s privacy. We are bound by the provisions of the *Privacy Act 1988* (Cth) which sets out the standards to meet in the collection, use and disclosure of personal information. We will only collect personal information from you to allow us to quote on and insure your risks and related matters, including investigating and managing claims.
    2. We may provide your personal information to others, such as other insurers or our reinsurers, claims investigators, lawyers and other professionals, and government bodies. We will not under any circumstances trade, rent or sell your information.
    3. If you do not provide us with complete, accurate and up-to-date information, we cannot properly quote for your insurance and we cannot insure you. If you provide us with personal information about anyone else, Chase will rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.
    4. Please refer to Chase’s website for our [Privacy Statement](https://www.chaseunderwriting.com.au/privacy-policy/).
    5. If you wish to access or correct your personal information, please write to or contact:

*The Privacy Officer  
Chase Underwriting Solutions Pty Ltd*

*Level 1, 68 Clarke Street,*

*Southbank, VIC 3006*

*Telephone number 1300 949 834*

## Important instructions for completing this proposal form

* All questions must be answered in full. Failure to do so may result in delays in providing a quotation or effecting the insurance.
* Where a Yes/No response is indicated please tick or cross the applicable box.
* This proposal form must be signed by at least one principal, partner or director of the principal entity seeking insurance after all necessary enquiries have been made of the principals, partners, directors and employees of all entities seeking insurance.
* Where there is insufficient space to answer any question, or additional documentation is required, please provide same by way of a clearly labelled attachment to this proposal form and specify the applicable attachments in the space provided for each question.
* If you require any assistance in completing this proposal form, please contact your insurance adviser.
* Please retain a copy of this proposal form and any attachments for your records.

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| **DETAILS OF THE PROPOSER** | | | | | | |
| Select your required Product | Group Personal Accident | | Voluntary Works | | Journey Insurance | |
| Name of Insured: | Enter text. | | | | | |
| ABN: | Enter text. | | | | | |
| Business Address: | Enter text. | | | | | |
| Period of Insurance | From | Enter date. | To | Enter date. | | At 4 p.m. AEST |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Persons Covered** | | | | | | | | | | | | |
| No. of Employees | ACT | NSW | NT | QLD | SA | | TAS | | VIC | | WA | |
| **Total: 0** (Right click/update) | No. | No. | No. | No. | No. | | No. | | No. | | No. | |
| No. of Directors / Board Members: | Enter text. | | | | | | | | | | | |
| Other: | Enter text. | | | | | | | | | | | |
| Please provide details of any ‘Other’ persons to be Insured: | Enter text. | | | | | | | | | | | |
| Is cover part of an Enterprise Bargaining Agreement (EBA)? | | | | | | Yes | |  | | No | |  |
| If Yes, please provide details: | Enter text. | | | | | | | | | | | |
| If Yes, please provide the annual wage roll of the Insured Persons: | Enter text. | | | | | | | | | | | |

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| **Description of Activities & or Insured Occupation**  **Scope of Cover** | | | | | | |
| 24 hours, 365 Days | | During work hours only | | | | |
| Work hours only (including commuting to and from work) | | Journey only | | | | |
| Outside of work hours | | Other (please specify below) | | | | |
| Description of Volunteering Activities or Insured Occupation (if applicable) | Enter text. | | | | | |
| Do you or any proposed Insured Person require cover for any hazardous sports or duties undertaken at work (such as martial arts, quad bike riding, heavy lifting or working from heights)? | | | Yes |  | No |  |
| If Yes please provide details | Enter text. | | | | | |

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| **Benefits Requested** |
| Please complete the below required Schedule of Benefits. |

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| Part A: Accidental Death & Capital Benefits | Lump sum $ Amount. | | | | Multiple of Salary x $ Amount | | | | |
| Part B: Weekly Benefits Injury | $ Amount. per week | | | | | | | | |
| Part D: Weekly Sickness | $ Amount. per week | | | | | | | | |
| Waiting Period (days) | |  |  |  | |  |  |  |  |
| 0 | 7 | 14 | | 21 | 28 | 60 | 90 |
| Benefit Period (weeks) | |  |  |  | |  |  | | |
| 26 | 52 | 104 | | 156 |  | | |
| Part F: Injury Resulting in Fractured Bones | | Yes |  | No | |  |  | | |
| Part G: Injury Resulting in Loss or Damage to Teeth ($1,000) | | Yes |  | No | |  |  | | |
| Overall Aggregate Limit of Liability required | | $ Amount. | | | | | | | |
| Chartered Flights required Limit of Liability | | $ Amount. | | | | | | | |

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| **Additional Information** | | | | | | | | |
| Does the Insured Person currently hold or has the Insured Person previously held any Personal Accident insurance? | | | | Yes |  | | No |  |
| If Yes, with whom and for how long? | | Enter text. | | | | | | |
| Has the Insured Person ever made a claim for accident or sickness? | | | | Yes |  | | No |  |
| If Yes, please provide Date of Loss, Nature of Loss and Amount claimed? | | | | | | | | |
| Enter text. | | | | | | | | |
| Has the Insured Person ever been declined accident, sickness or life insurance, or been issued such insurance which has subsequently been cancelled or a renewal refused? | | | | Yes |  | | No |  |
| If Yes, please advise? | Enter text. | | | | | | | |
| Are any Insured Persons over 65 years of age? If Yes, please provide details below. | | | | Yes |  | | No |  |
| Name | | | Occupation | | | Age | | |
| Enter text. | | | Enter text. | | | Age. | | |
| Enter text. | | | Enter text. | | | Age. | | |
| Enter text. | | | Enter text. | | | Age. | | |

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| **Declaration** | | | | | |
| I / we the undersigned duly authorised person(s) declare that:   1. The above statements are correct, true and complete; and 2. No information material to this Proposal Form has been withheld; and 3. I/we accept the terms, exclusions, conditions and limitations of the associated Chase Underwriting Product Disclosure Statement this Proposal does not bind Chase Underwriting Solutions or any insurer to enter into an insurance contract. | | | | | |
| Signature of Insured or Authorised Representative | | | Enter text. | | |
| Name | Enter text. | Position | Enter text. | Date | Enter date. |