



Group Accident and Illness Insurance Application

Policy No.	<input type="text"/>	Client No.	<input type="text"/>	Intermediary No.	<input type="text"/>
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THE APPLICANT/S

Name(s) in full	<input type="text"/>				
Tax Status	Registered Business Yes <input type="checkbox"/> No <input type="checkbox"/>	ABN	<input type="text"/>	<input type="text"/>	Taxable % <input type="text"/>
Postal Address	<input type="text"/>			State	Postcode <input type="text"/>
Description of Business	<input type="text"/>				
	<input type="text"/>				
Period of Insurance	From <input type="text"/> / <input type="text"/> / <input type="text"/>	to	<input type="text"/> / <input type="text"/> / <input type="text"/>	at 4 pm	
Name of Insured Persons (if insufficient space, please attach a separate list)					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Have you had any insurance declined or cancelled, or had special terms imposed by an Insurer? If "Yes", please give details.					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Have you ever claimed on this Class of Insurance during the last 5 years? If "Yes", please give details.					Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

BENEFITS SELECTED

<p>Section A - Capital Benefits</p> <p>Benefit Amount \$ <input type="text"/></p> <p>Please select benefits required Conditions:</p> <p>1 <input type="checkbox"/> 1-7 <input type="checkbox"/> 1-17 <input type="checkbox"/> 1-30 <input type="checkbox"/> 1 & 3-7 <input type="checkbox"/></p>	<p>Section B - Weekly Benefits - Injury</p> <p>Weekly Benefit \$ <input type="text"/></p> <p>Benefit Period <input type="text"/> weeks</p> <p>Excluded period of claim <input type="text"/> days</p>	<p>Section B - Weekly Benefits - Illness</p> <p>Weekly Benefit \$ <input type="text"/></p> <p>Benefit Period <input type="text"/> weeks</p> <p>Excluded period of claim <input type="text"/> days</p>
<p>Time of Operation of Cover</p> <p>24 hours, 365 days a year <input type="checkbox"/> Working hours only <input type="checkbox"/> Outside working hours <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>Aggregate Limit of Liability</p> <p>Sections A,B & C \$ <input type="text"/></p> <p>Chartered Aircraft \$ <input type="text"/></p> <p>Light Aircraft \$ <input type="text"/></p> <p>Helicopter \$ <input type="text"/></p>	

DUTY OF DISCLOSURE

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insure you. This duty applies before you enter into a contract with us, that is, before we accept your application and also each time before you alter or renew the Policy.

Each person named as the Insured has the same duty.

PENALTY FOR NON-DISCLOSURE

If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell us anything which: reduces the risk; is common knowledge; we already know, or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

PRIVACY

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at www.qbecommercial.com

DECLARATION AND SIGNATURE

I/We declare that the particulars are true and correct, that I/We have not withheld information likely to affect the acceptance of this application.

Signature of Applicant(s)

X

X

Position Held

Date

/ /

/ /

OFFICE USE ONLY

Premium

\$

GST

\$

+

+

Government Stamp Duty

\$

=

TOTAL Amount Payable

\$