



Protecting and supporting our community



Personal Accident Insurance

Insurance Proposal

Office Use Only

Intermediary name

Account number

Policy number

Important notices

Duty of disclosure

Before you enter into a contract of insurance with Ansvr Insurance Limited, you have a legal duty under the Insurance Contracts Act 1984 to disclose to us every matter you know is relevant to our decision whether to accept this application for insurance and if so, on what terms. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate your insurance contract.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- where compliance with the duty of disclosure is waived by us.

If you do not tell us all relevant matters, we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act

1984. It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act.

How we can be contacted

The registered office of Ansvr Insurance is
Level 5, 1 Southbank Boulevard, Southbank, VIC 3006.

You can contact us by:

- Calling in person at any Ansvr Insurance office
- Telephoning 1300 650 540
- Facsimile on 03 9804 5001
- Writing to any office of Ansvr Insurance
- Email to insure@ansvar.com.au

How to fill out this Application Form

All questions must be answered in relation to the business entity/ organisation to be insured and all its subsidiary and controlled entities (if any). Please tick the box in front of the correct answer and/ or write the information requested in the space provided.

If there is inadequate space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document to this application.

Applicant(s) Information

1. Policyholder details

Name of organisation to be insured (include any subsidiaries)

Trading Name (s)

ABN / ACN

Date organisation first commenced operations

Authorised contact person

Telephone

Fax

Mobile

Email

Website

Postal Address

2. Period of insurance

From

/ /

to

/ /

3. Organisational structure

Are you precluded by your constitution from distributing funds / profits to members (not-for-profit)?

Yes

No

Are you tax exempt?

Yes

No

If yes, exemption certificate date:

/ /

Exemption certificate number:

Are you registered for GST?

Yes

No

If yes, what is your ITC percentage?

%

4. Insured Persons

Who do you wish to cover under this Personal Accident Policy?

		Estimated no's of insured Persons		
Category A: Your Volunteers for injury incurred whilst performing volunteer duties.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No _____
Category B: Your Students and/or Members for injury incurred whilst participating in your activities.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No _____

5. Activities

Please provide a description of the activities that the Insured Persons will be performing or participating in:

Please provide a % split per state where Insured persons are performing these activities:

ACT %	NSW %	VIC %	QLD %	SA %	WA %	TAS%	NT %	O/S %

6. If insuring Volunteers

Average no. of working/participant hours per Insured Person each week _____

What type of activities do Insured Persons undertake for or at your organisation?

Heavy Manual	<input type="text"/>	%
Light Manual	<input type="text"/>	%
Mainly Clerical	<input type="text"/>	%

Heavy Manual would include heavy physical work activities such as lifting, operating machinery, performing activities associated with manufacturing.

Light Manual would include light physical work activities such as those associated with retailing, supervising groups, assisting with setting up for events, providing care, maintenance of property.

Mainly Clerical would include administrative services, sales and marketing services.

Do you have a Volunteer Management Program in place?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, does it include:				
A. Procedures, Protocols and Job Descriptions	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
B. Recruiting, Interviewing and Screening	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C. Orientation and Training	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
D. Ongoing Supervision and Evaluation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
E. Appreciation and Recognition	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
F. Feedback and Retention	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
G. Volunteer Risk Management	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

7. If insuring Students / Members

Do you follow a documented risk management system which includes regular analysis, evaluation and prevention of risks associated with your organisation including the use of incident report procedures? Yes No

Ansvar may request evidence of your risk management policy. Do you have a risk management?

9. Cover Required

Note the policy limits the Capital Benefits for all Insured Persons under the age of 18 years and/or over the age of 75 years to \$50,000 maximum.

Category A – Volunteers

What Capital Benefits cover to you require for Volunteers?

\$50,000 \$100,000 \$200,000 \$250,000

What Deferral Period do you require? (this is the waiting period before weekly benefits will be paid).

1 week 2 weeks 4 weeks

What Weekly Benefits cover do you require?

Nil \$500 \$750 \$1000 \$1500 \$2500 \$3000

What Benefit Period do you require?

26 weeks 52 weeks 104 weeks

Category B – Students/Members

What Capital Benefits cover to you require for Students/Members? (note max amount payable for persons under 18 years or over 75 years is \$50,000)

\$10,000 \$20,000 \$50,000 \$100,000

What Deferral Period do you require? (this is the waiting period before weekly benefits will be paid).

1 week 2 weeks 4 weeks 13 weeks

What Weekly Benefits cover do you require? (note this is only relevant for income earners)

Nil \$500 \$750 \$1000 \$1500

What Benefit Period do you require?

26 weeks 52 weeks

10. Optional Endorsement

The standard policy excludes some high risk activities. Please refer to the policy wording for a full list of exclusions.

The following high risk activities may be accepted upon request, after underwriting consideration and payment of additional premium. Any cover provided will be to Insured Persons only and will be limited to 50% of the Capital and Weekly Benefits selected under the policy.

- | | |
|--|--|
| Abseiling | Paintball/skirmish |
| Activities whilst blindfolded | Polo |
| Archery | Power Boating (excluding any form of speed contest) |
| Boxing | Rifle/firearms shooting |
| Caving | Ropes courses |
| Cliff or rock-climbing | Sea-kayaking |
| Cycling and Mountain Bike Riding | Skateboarding |
| Flying fox/giant swings, | Snow or ice sports (excluding any form or speed contest) |
| Fun runs | Snow skiing/boarding |
| Gladiator games | Surfing |
| Gymnastics | Underwater activities |
| Horse riding (excluding any form of speed contest) | Vertical and horizontal bungee jumping |
| Hunting | Water Skiing (excluding any form of speed contest) |
| Ice-skating (excluding any form of speed contest) | White Water Rafting/Canoeing (above class 2 rapids) |
| Leap of faith/pamper pole activities | Wrestling |
| Mountaineering | |

Do you wish to endorse your policy to include cover for insured persons whilst participating in any of the prior activities?

Yes No

If Yes, please specify which of the above activities you require cover for:

Cover will not be in place until confirmed in writing by Ansvar.

Please note this policy does not provide cover for any injuries to insured persons that occur outside of Australia, unless specifically agreed by us.

Do you require cover outside of Australia?

Yes No

Please advise type of activities and countries where they are conducted.

11. Prior History *(This section must be completed)*

i. Have you previously been insured for personal accident insurance?

Yes No

ii. Is it the intention that the proposed insurance replaces an existing policy?

Yes No

If yes to (i) or (ii), please provide the following details.

Insurer	Policy number	Last expiry date
		/ /
		/ /

iii. Have you ever had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or excess imposed by any insurer? *If yes, please provide details.*

Yes No

iv. During the last five years, have you claimed under any personal accident policy?

Yes No

If yes, please provide the following details:

Date	Amount	Last expiry date
/ /	\$	
/ /	\$	

12. Additional Information *(if any)*

Is there any other information which you think may affect your insurance or which we should be advised of?
(See your 'Duty of Disclosure'). *If yes, please provide details on a separate page and attach to this declaration.*

Yes

No

13. Declaration

I/we declare that the answers given and statements made are to the best of my/our knowledge, true and correct and that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted.

I/we also consent to the use of information supplied in this application to Ansvr Insurance Limited for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy, or other products and services distributed or offered by Ansvr Insurance Limited.

Please tick the box if you **do not** wish to receive any marketing material from us

Signed: _____

Date: _____

Name: _____

Position: _____



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