

PERSONAL ACCIDENT & SICKNESS PROPOSAL FORM

DETAILS OF THE INSURED						
Full Name of Insured						
Postal Address						
				State		Postcode
Contact Details	Home Phone No.			Work Phone No.		
	Mobile No.			Fax No.		
	Email Address					

PERSONAL DETAILS (TO BE COMPLETED BY THE INSURED)									
Date of Birth			Sex			Height	cm	Weight	kg
Your Occupation									
What are the Duties of Your Occupation?									
Are your duties hazardous? (eg. Explosives/dangerous substances/working from heights)							Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes" please provide details									
Has your weight altered by more than 10% in last 12 months?							Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes" please provide details									
Annual Gross Income		\$							
Are you and employee or are you self-employed?									

BENEFITS REQUIRED			
Waiting Period	<input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> 28 Days		
Cover Type	Weekly Sum Insured	Benefit Period	Scope of Cover
Accident Cover	\$ <i>Can't exceed 85% of weekly Gross Income</i>	<input type="checkbox"/> 52 Weeks <input type="checkbox"/> 104 Weeks	<input type="checkbox"/> Self-Employed 24 hours a day, 365 days a year <input type="checkbox"/> Employee, Outside Working Hours Only excluding work related conditions <input type="checkbox"/> Employee, 24 hours a day, 365 days a year including Workers Compensation Top Up
Sickness & Accident Cover	\$ <i>Can't exceed 85% of weekly Gross Income</i>	<input type="checkbox"/> 52 Weeks <input type="checkbox"/> 104 Weeks	<input type="checkbox"/> Self-Employed 24 hours a day, 365 days a year <input type="checkbox"/> Employee, Outside Working Hours Only excluding work related conditions <input type="checkbox"/> Employee, 24 hours a day, 365 days a year including Workers Compensation Top Up
Capital Benefits	Capital Benefit Sum Insured (\$0-\$250,000)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	\$		
Requested Inception Date			
From:		To:	

INSURED PERSON'S ACKNOWLEDGEMENT	
Has any application for accident or illness insurance on your life ever been declined, modified, accepted at an increased premium, cancelled or refused renewal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever claimed for benefits under any accident or illness policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism; HIV, AIDS or AIDS related conditions; any disorders of the mental, respiratory, nervous, genileurinary, digestive or circulatory systems, or the back, spine, eyes or heart; epilepsy or drug and/or alcohol abuse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
During the last 5 years, have you suffered from any other health problem or impairment not mentioned above or have you taken prescribed medication of any kind? (It is not necessary to answer "YES" if only for colds or flu).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have any symptoms of ill health or injury or are you taking prescribed medication of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be entitled to claim under any other existing or intended insurance from any other source providing for weekly benefits, worker's compensation, or sick leave?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any likelihood of reoccurrence of any illness or injury previously suffered or the possibility of you undergoing surgery or other treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your weight altered by more than 10% in last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have answered "Yes" to any of the above questions, please give details including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted. If there is in sufficient space please attach details.	
Is all of your work undertaken within Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>

ACTIVITY DETAILS	
Do you currently, or do you intend to engage in any hazardous pursuit or pastime, including but not limited to football of any code, boxing, rodeo activities, wrestling, martial arts, racing of any kind (other than on foot), motorsports, polo, water skiing, scuba diving or underwater activities, parachuting, parasailing, hang gliding, or other aerial activities, ski jumping, snow or ice sports, grass skiing, mountaineering, bungee jumping, abseiling, caving, shooting or training for or participating in professional sport of any kind. If "Yes" please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>

IMPORTANT INFORMATION

PRIVACY

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (e.g. Lloyd's) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We also supply your information to the providers of our policy administration and broking systems that help us to maintain our products and services to you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone (07) 3088 2070 or visit our website www.tailoredunderwriting.com.au

INSURER

The Insurer for your policy is Lloyd's of London. Tailored Underwriting is a division of Cerberos Brokers Pty Ltd ABN 61 106 769 886, AFSL 260668. Tailored Underwriting arrange policies for and on behalf of certain Underwriters at Lloyd's and acts under a binding authority given to it by the insurer to administer and issue policies, alterations and renewals. In all aspects of this policy Tailored Underwriting acts on behalf of the insurer and not for you. Tailored Underwriting are not the insurer for this contract and they are not liable for any loss or claim. The Underwriters are clearly shown on the Schedule.

YOUR DUTY OF DISCLOSURE – WHAT YOU MUST TELL US

When you apply for insurance, you need to tell us certain information which would affect our decision to insure you. If you do not give us this information, it may affect your Policy. The duty of disclosure appears in full below. Please ensure you read this carefully.

The duty of disclosure notice will also appear on your renewal invitation and the duty of disclosure also applies to any endorsements or variations you request.

Before you enter into an insurance contract you have a duty of disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you, vary or endorse the insurance contract.

When renewing your insurance contract we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to renew the insurance contract.

IF YOU DO NOT TELL US SOMETHING

If you do not tell us anything 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

DECLARATION: I Hereby declare and warrant that the answers given above are in every respect true and correct, and that I have not withheld any information within my knowledge likely to affect the decision of the insurer as to my eligibility for insurance for pre-existing conditions. The declaration shall be the basis of the contract in consideration of giving disclosed pre-existing conditions between the insurer and myself, and I agree to accept the insurer's policy subject to the terms and conditions to be contained therein. I further authorise the insurer to consult my doctor regarding any condition declared on this declaration and authorise my doctor to release any information relevant to same.

DATE:		SIGNATURE:	
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