

Individual Personal Accident Proposal Form

IMPORTANT NOTICES

INSURANCE CONTRACTS ACT 1984

Disclosure

In accordance with the provisions of the Insurance Contracts Act 1984 insurers are required to advise you of your responsibilities in relation to the disclosure of relevant information.

Unless the context otherwise provides, in this section:

- 'WE', 'OUR' or 'US' means the INSURERS who are certain Underwriters at Lloyd's; and
- 'YOU', 'YOUR', 'YOURS' or 'YOURSELF' means the POLICY HOLDER and COVERED PERSONS.

Duty to take reasonable care not to make a misrepresentation

Before YOU enter into this contract of insurance YOU have a duty under the Insurance Contracts Act 1984 to take reasonable care not to make a misrepresentation when providing US with any information WE request from YOU that is relevant to OUR decision to insure YOU and on what terms.

YOUR duty also applies in respect of any renewals, variations, extensions and reinstatements of YOUR contract of insurance. In such cases, WE may ask YOU additional questions and/or ask YOU to confirm that the information YOU have previously provided to US when WE first agreed to insure YOU is still accurate and correct.

Answering our questions

In all cases, if WE ask YOU questions that are relevant to OUR decision to insure YOU and on what terms, YOU must answer such questions as accurately and truthfully as reasonably possible.

If YOU need any help understanding the questions WE have asked YOU or if YOU are unsure as to how to respond to any question, please contact YOUR insurance broker for assistance and/or clarification.

It is important that YOU understand that YOU are answering OUR questions in this way for YOURSELF and anyone else that YOU want to be covered by the contract of insurance.

What may happen if YOU breach your duty to take reasonable care not to make a misrepresentation?

If YOU are found to have knowingly or fraudulently provided US with false information or otherwise breached YOUR duty to take reasonable care not to make a misrepresentation, WE may cancel the POLICY or reduce of the amount WE will pay YOU if YOU make a claim, or both.

UTMOST GOOD FAITH

The POLICY is based on the utmost good faith requiring US and the proposer/YOU (including third party beneficiaries after the POLICY is entered into) to act towards each other with the utmost good faith in respect of any matter relating to the POLICY. A failure to comply is a breach of the *Insurance Contracts Act 1984*.

INDIVIDUAL PERSONAL ACCIDENT PROPOSAL FORM

PRIVACY STATEMENT

Personal information is essentially any information or an opinion about an identified individual, or an individual who is reasonably identifiable. See the *Privacy Act 1988* for full details of what constitutes personal information.

This privacy notice details how WE collect, disclose and handle personal information.

Why WE collect YOUR personal information

WE collect personal information (including sensitive information) so WE can:

- identify YOU and conduct necessary checks;
- determine what service or products WE can provide to YOU e.g. offer OUR insurance products;
- issue, manage and administer services and products provided to YOU or others, including claims investigation, handling and settlement; and
- improve OUR services and products, e.g. training and development of OUR representatives, product and service research and data analysis and business strategy development.

What happens if YOU don't give US YOUR personal information?

If YOU choose not to provide US with the information WE have requested, WE may not be able to provide YOU with OUR services or products or properly manage and administer services and products provided to YOU or others.

How WE collect YOUR personal information

Collection can take place through websites (from data input directly or through cookies and other web analytic tools), email, by telephone or in writing.

WE collect it directly from YOU unless YOU have consented to collection from someone other than YOU, it is unreasonable or impracticable for US to do so or the law permits US.

If YOU provide US with personal information about another person YOU must only do so with their consent and agree to make them aware of this privacy notice.

Who WE disclose YOUR personal information to

WE share YOUR personal information with third parties for the collection purposes noted above.

The third parties include: OUR related companies and OUR representatives who provide services for US, other insurers and reinsurers, OUR claim management partner(s), YOUR agents, OUR legal, accounting and other professional advisers, data warehouses and consultants, investigators, loss assessors and adjusters, other parties WE may be able to claim or recover against, and anyone either of US appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

WE may need to disclose information to persons located overseas who will most likely be located in the United Kingdom. Who they are may change from time to time. YOU can contact US for details or refer to OUR Privacy Policy available at OUR website. In some cases WE may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire OUR services and products YOU agree that YOU cannot seek redress under the Act or against US (to the extent permitted by law) and may not be able to seek redress overseas.

More information, access, correction, or complaints

For more information about OUR privacy practices including how WE collect, use or disclose information, how to access or seek correction to YOUR information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to OUR Privacy Policy. It is available at OUR website www.archinsurance.com.au or by contacting US on (02) 8284 8400 EST 9am-5pm, Monday-Friday.

INDIVIDUAL PERSONAL ACCIDENT PROPOSAL FORM

Privacy Complaints

WE have established a Privacy Complaints Handling Procedure to deal with any complaints YOU may have about how WE have collected, used or managed YOUR personal information. If YOU would like to make a complaint, please contact the Privacy Officer, Arch at Lloyd's (Australia) Pty Ltd, 155 Clarence Street, Sydney 2000 or email complaints@archinsurance.com.au.

YOUR complaint will be taken seriously and investigated thoroughly.

If YOU are not satisfied with OUR final decision, YOU can direct YOUR complaint to the Federal Privacy Commissioner either on 1300 363 992 (for the cost of a local call anywhere in Australia) or by mail to GPO Box 5218, Sydney NSW 2001.

YOUR Choices

By providing US with personal information, YOU and any person YOU provide personal information for, consent to this use and these disclosures unless YOU tell US otherwise. If YOU wish to withdraw YOUR consent, including for things such as receiving information on products and offers by US or persons WE have an association with please contact US.

When completing this Proposal Form

1. YOU must answer all questions giving full and complete answers.
2. It is YOUR duty to provide all information that is requested in the Proposal Form
3. If you require additional space, please attach an additional sheet signed and dated
4. The Proposal Form must be signed by a legally authorised representative of the POLICY HOLDER.

General Insurance Code of Practice

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice ("the Code"), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry.

Lloyd's has adopted the Code on terms agreed with the Insurance Council of Australia. For further information on the Code please visit www.codeofpractice.com.au.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. For more information on the Code Governance Committee (CGC) go to www.insurancecode.org.au

Underwriters' sanction limitation and exclusion clause

Please note that WE shall not be liable to pay or indemnify YOU for any loss or claim made under the POLICY which would expose any of US to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or Australia.

CLIENT INFORMATION		
Name of Covered Person		
Name of POLICY HOLDER:		
Name of COVERED PERSON (if different from above):		
Address of COVERED PERSON:		
Postcode:		
INSURANCE PERIOD:	From:	To:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth:	

OCCUPATION & MEDICAL DETAILS	
Occupation:	
Are YOU self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are YOU a new business venture?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are YOU covered under any statutory worker's compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are YOU a permanent resident of Australia	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do YOU participate in any hazardous pastimes or pursuits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes, please provide details:</i>	
Do YOU have any reason to consider yourself not currently in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes, please provide details:</i>	

<p>Are YOU taking any medication (both prescription and non prescription)?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>If Yes, please provide details:</i></p>	
<p>Do YOU have any pre-existing medical conditions?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>If Yes, please provide details:</i></p>	
<p>Do YOU currently hold, or have YOU ever held any Personal Accident Insurance?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>If Yes, please provide details of Policy type and Insurer</i></p>	
<p>Have YOU ever been treated by a registered medical practitioner (doctor, nurse, physiotherapist, psychiatrist etc) for any SICKNESS or BODILY INJURY in the past 5 years, that required hospitalisation, time off work or ongoing treatment?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>If Yes, please provide details:</i></p>	
<p>Have YOU ever been treated by a registered medical practitioner (doctor, nurse, physiotherapist, psychiatrist etc) for any psychological, nervous, emotional, behavioural conditions, stress, depression or other mental illness of any kind, in the past 5 years, that required hospitalisation, time off work or ongoing treatment?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>If Yes, please provide details:</i></p>	
<p>Have YOU lodged any Personal Accident and Illness or WorkCover Claims in the last 3 years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>If Yes, please provide details:</i></p>	

Have YOU been declined this type of insurance in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide a detailed claims experience as an attachment.	

REQUIRED BENEFITS			
Benefit Type	Sum Insured		
Accidental Death & Lump Sum Benefits			
Weekly Injury Benefit			
Weekly Sickness Benefit (only available when 24 hour cover selected)			
% of Salary (suggested amount is 85%)			
Scope of Cover (please tick)	24 Hour Cover <input type="checkbox"/>	Working Hours Only <input type="checkbox"/>	Outside Working Hours <input type="checkbox"/>
Excess Period (please tick)	7 Days <input type="checkbox"/>	14 Days <input type="checkbox"/>	28 Days <input type="checkbox"/>
Benefit Period (please tick)	26 weeks <input type="checkbox"/>	52 weeks <input type="checkbox"/>	104 weeks <input type="checkbox"/>

DECLARATION

I declare that I have made all necessary inquiries into the accuracy of the responses given in this Proposal and confirm that the statements and particulars provided in it are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that if any of the information given by me or the proposer, alters between the date of this Proposal and the inception date of the insurance to which it relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notices contained in this Proposal and that I have read and understood the content of them, including the duty to take reasonable care not to make a misrepresentation. I agree to the terms of the Privacy Statement. I also acknowledge that the insurance will be provided in whole or in part by overseas insurers.

I confirm that I am legally authorised by the proposer and its partners/principals/directors (if applicable) to complete this Proposal and to accept the quotation terms for this insurance on their behalf.

Name and Title	
Date	
Signature	

HOW TO CONTACT THE UNDERWRITER:

Melbourne: Suite 11.02, Level 11,
360 Collins Street,
Melbourne VIC 3000
P (03) 9629 5444
F (03) 9629 1854

Sydney: Level 10
155 Clarence Street
Sydney NSW 2000
P (02) 8284 8410
F (02) 8088 1024

Email: info@archinsurance.com.au