

Personal Accident

Voluntary Workers Proposal Form

IMPORTANT NOTES

This insurance cover is based upon representations given to us by you. Should any particulars have changed or be incorrect you must notify us immediately. We reserve the right to revise or withdraw this quotation at any time subject to any changes in the underwriting or claims information provided. Some of the key factors that may influence your premium are nature of risk, limit of cover required, claims history and occupation.

ROLE OF WINSURE UNDERWRITING PTY LTD

In arranging this insurance, Winsure Underwriting Pty Ltd A.B.N. 68 169 336 252 is acting under an authority given to it by the insurer, and is acting as the insurer's agent and not as your agent.

THE INSURER

Certain underwriters at Lloyd's

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of any matter:

- ▼ that diminishes the risk to be undertaken by the insurer;
- ▼ that is of common knowledge;
- ▼ that your insurer knows or, in the ordinary course of its business, ought to know;
- ▼ as to which compliance with your duty is waived by the insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non – Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

CHANGE OF RISK OR CIRCUMSTANCES

You should advise Winsure as soon as practicable of any material change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

SUBROGATION

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy that you will not seek to recover such loss or damage from that person, Winsure will not cover you, to the extent permitted by law, for such loss or damage.

PRIVACY STATEMENT

Only in this statement "we", "us" and "our" means Lloyd's and Winsure Underwriting Pty Ltd as its agent.

We are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

Our Privacy Policy, available at www.winsure.com.au or by calling us, sets out how:

- ▼ we protect your personal information;
- ▼ you may access your personal information;
- ▼ you may correct your personal information held by us;
- ▼ you may complain about a breach of the Privacy Principles or Registered Privacy Code and how we will deal with such a complaint.

We need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties who assist us in providing the above services. These parties (which include our related entities, distributors, agents, insurers - including reinsurers - and service providers) will only use the personal information for the purposes we provided it to them for (unless otherwise required by law). It is likely that the information will be disclosed overseas.

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insured's). If you provide information for another person you represent to us that:

- ▼ you have the authority from them to do so and it is as if they provided it to us;
- ▼ you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by us by contacting Winsure.

INSTRUCTIONS TO PROPOSER

This proposal is to be completed by a director, partner, principal or an authorized officer of the Insured, as the answers to the following questions will determine the acceptance or declination of coverage proposed. There is a duty on you as the proposing Insured to answer all questions accurately and fully as all statements shall form the basis of, and be incorporated into any contract of insurance which may be issued by Winsure.

Please answer all the questions fully. If there is insufficient spaces please provide further details on your letterhead. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".

Please attach the following to assist your proposal for insurance: (1) brochures, pamphlets, advertisements or other descriptive literature of your operations and/or services; (2) financial statement and/or annual report; and (3) copies of standard contract(s) with clients, if applicable.

PROPOSERS DETAILS

Period of Insurance

Start Date

TO

End Date

Waiting Period (Days)

Benefit Period (Weeks)

Full name of Proposer

First Name

Last Name

PROPOSERS DETAILS (Continued)

Business of Proposer

Trading Name (e.g. Company Name Pty Ltd)

Contact Details

Number, Street Address

Suburb

State

Postcode

Business Phone

Mobile

Email

Address for Insurer

Insurer Name

Address for Notices

INTERESTS INSURED

Interest Insured

Cover for Income Earners

Non Income Earners
(Injury Assistance)

Capital Benefits

Age Limitations

Aggregate Limit

(Any one period of insurance)

VOLUNTEER INFORMATION

How many voluntary workers in total?

What is the usual number at any one time?

What is the maximum number at any one time?

In what situations are Voluntary Workers likely to be involved?

Have you ever made an insurance claim under any accident or sickness or travel policy? If "Yes" give details. Yes

No

VOLUNTEER INFORMATION (Continued)

Are there any known or reported losses for any members of the principal insured that are off work or incapacitated due to any injury? If "Yes" give details

Yes No

ADDITIONAL SPACE IF REQUIRED

DECLARATION AND SIGNATURE BY PROPOSER

On behalf of the proposed insured, I / we declare that the answers given herein are in every respect true and correct and that I / we have not withheld any information likely to affect the acceptance of this insurance and that I / we have read and understood the Policy document. I / we have sought clarification of any aspects of the proposal form or Policy document I / we did not understand.

I / we acknowledge that the Insurer may give to, and obtain from, other insurers, personal information of mine/ours relating to this insurance as well as insurance claims information obtained during the course of any contract I / we have with the Insurer.

I / we also acknowledge that the Insurer is not obliged to automatically accept the insurance proposed above, however the Insurer will formally advise me / us of the extent to which they are prepared to offer insurance by quotation, schedule or otherwise in writing.

Signed

Name

Title / Position

Signed

Dated