

Winsure Personal Accident and Sickness

Proposal Form

IMPORTANT NOTICES

Completing this Proposal Form does not mean that you will automatically be granted insurance cover proposed. However, if insurance is granted, it will be based upon representations you give us. Should any particulars given have changed or be incorrect you must notify us immediately. We reserve the right to revise or withdraw any insurance granted at any time subject to any changes in such particulars.

INSURER AND AGENT

The contract of insurance is arranged by Winsure Underwriting Pty Ltd ('Winsure') (ABN 68 169 336 252, AR No. 459637), an Authorised Representative of SUA Agency Services Pty Ltd (ABN 15 096 726 895, AFSL 234437) acting under a binder as agent for the insurer, certain Underwriters at Lloyd's ('the Insurer'). Winsure does not act as your agent.

DUTY OF DISCLOSURE

Before you enter into or renew an insurance contract, you have a duty of disclosure under *the Insurance Contracts Act 1984* (Cth).

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.

Also, 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 insure you or renew the insurance contract.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your insurance 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 insurance contract as if it never existed.

PRIVACY STATEMENT

In this Privacy Statement the use of 'we', 'us' and 'our' means the Insurer and Winsure unless specified otherwise.

We are committed to the protecting your privacy. We collect, use, storage and disclose personal information in accordance with the Australian Privacy Principles and the *Privacy Act 1988* (Cth).

Winsure's Privacy Policy which is available at www.winsure.com.au or by calling Winsure, 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 Act 1988* (Cth) or Australian Privacy Principles or and how we will deal with such a complaint.

We need to collect, use and disclose your personal information (which may include sensitive information such as health 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.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you.

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, reinsurers and service providers) will only use the personal information for the purposes we provided it to them for (unless otherwise required by law). Some of these third parties may be located outside of Australia. In all instances where personal information may be disclosed to third parties who may be located overseas, we will take reasonable measures to ensure that the overseas recipient hold and use your personal information in accordance with the consent provided by you and in accordance with our obligations under the *Privacy Act 1988* (Cth).

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.

Winsure's Privacy Policy contains information about how to access and correct the personal information about you and also how to complain about a breach of privacy. If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Winsure's Privacy Officer by:

Address: PO Box A2016, Sydney South NSW 1235

Phone: +61 2 9307 6656

Fax: +61 2 9307 6699

Email: privacyofficer@steadfastagencies.com.au

You can download a copy of Winsure's Privacy Policy by visiting winsure.com.au.

INSTRUCTIONS TO PROPOSER

This Proposal Form is to be completed by a director, partner, principal or an authorised officer of the insured or you as the insured. The answers to the following questions will determine the acceptance or declinature 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 occupation or 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.

1.0 PROPOSER'S DETAILS

1.1 Full name of Proposer

First Name

Surname

1.2 Period of Insurance

Start Date

TO

End Date

Waiting Period (Days)

1.0 PROPOSER'S DETAILS (Continued)

1.3 Occupation or Business

Type of Occupation / Business

1.4 Employment

Are you self Employed?

Yes

No

1.5 Workers Compensation

Are you covered by Workers Compensation?

Yes

No

1.6 Claim History

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

Yes

No

1.7 Business Details

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

Australian Business Number (ABN)

Registered for GST?

Yes

No

1.8 Contact Details

Number, Street Address

Suburb

State

Postcode

Business Phone

Mobile

Email

IF YOU ARE PROPOSING COVER FOR VOLUNTARY WORKERS (OF YOURS) PLEASE SKIP TO QUESTION 3.0 (DO NOT ANSWER QUESTIONS 1.9 TO 2)

1.9 Date of Birth

Date of Birth

Male

Female

1.10 To the best of your knowledge have you:

A

Ever had treatment for, or been informed that you have: blood pressure problems; heart trouble; cancer; diabetes; kidney; liver or bowel disease; digestive disorder; lung disease; stroke; fits; mental illness or nervous disorder; back or skeletal problems; or suffer serious personal injury or AIDS?

Yes

No

B

Consulted a doctor for medical, surgical advice or treatment for any ailment, injury or sickness during the past 5 years?

Yes

No

C Ever had an application for life (and / or dread disease) or disability insurance declined or deferred by a life or general insurance company, society, accepted with a loading or otherwise, received disability benefit? Yes No

D Ever engaged, or intend to engage in, any hazardous occupation, sport or other pursuit or intent to engage in aviation (other than as a fare paying passenger on a commercial airline)? Yes No

E
Name of your usual doctor or medical centre

F cm Kg
What is your height What is your weight

If you have answered "Yes" to questions A – D above, please give full details below- Date, doctor, hospital, reason, time off work and % of recovery.

2.0 COVER (Capital Benefit)

NOTE: PLEASE READ BEFORE COMPLETING QUESTIONS 2.1 TO 2.4 BELOW:

- You can opt to take either Capital Benefits or the Weekly Benefit, or both.
- The maximum sum you can specify for Capital Benefits is \$250,000.
- The Weekly Income Benefit requested cannot exceed 85% or your average (gross weekly) Earnings. The maximum weekly benefit amount you can specify is \$2,000.
- You can elect to take the Injury Cover (including Broken Bones Benefit) alone or the Injury and Sickness Cover together. You may not elect the Sickness Cover alone.
- Benefits are not payable in respect of a disability arising from injury of sickness for which you have received advice or treatment or taken prescribed medicine or drugs prior to the commencement of the Period of Insurance.

2.1 Do you require the Injury Cover Yes No
AND
Do you require the Sickness Cover? (You cannot take the Sickness Cover alone) Yes No

2.2 Do you require a Capital Sum Insured? If Yes, what amount do you require? \$

If you require weekly benefits:

2.3 What is 85 % of your "gross weekly Earnings"? (i.e. Weekly income before deductions for income tax, superannuation) \$

OR

2.4 Do you require a lesser sum than 85% of your "gross weekly Earnings"? (i.e. Weekly income before deductions for income tax, superannuation) \$

3.0 VOLUNTARY WORKERS

3.1 How many voluntary workers in total?

3.2 What is the usual number of workers at any one time?

3.3 What is the maximum number of workers at any one time?

3.4 What work are the voluntary workers likely to be doing?

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

DECLARATION AND SIGNATURE BY PROPOSER

On behalf of the proposed insured, I/we declare that:

The duty of disclosure and privacy statement incorporated in this Proposal Form has been read and understood by me/us.

All answers and statements made in this Proposal Form are true, complete and correct and that I/we have not withheld any information likely to affect the acceptance of this insurance.

I/We consent to Winsure/the Insurer using the personal information (including sensitive information) I/we have provided on this Proposal form for the purposes of administering my/our insurance. I/We consent to the disclosure of personal information (including sensitive information) to third parties and overseas where it is reasonably necessary for the purposes of administering my/our insurance. I/We understand that if this consent is not given Winsure/the Insurer will not be able to administer my/our insurance.

I/We have read and understood the Financial Services Guide, Product Disclosure Statement and Policy Wording.

I /We also acknowledge that Winsure/the Insurer is not obliged to automatically accept the insurance proposed above, however, Winsure/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