



Accident & Health

GROUP PERSONAL
ACCIDENT & SICKNESS
PROPOSAL FORM

libertyspecialtymarkets.com.au



Liberty
Specialty Markets

Important Notice**Duty to take reasonable care not to make a misrepresentation**

Whenever you interact with us in relation to this policy, you have a duty to take reasonable care not to make a misrepresentation.

This means you have an obligation to take reasonable care to be honest, accurate and complete in the answers to the questions we ask you, including questions which may relate to anyone else to whom this insurance applies.

If you make a misrepresentation, we can exercise any available legal rights against you, including refusing or cancelling your policy, or reducing our liability in respect of any claims.

If you are unsure about any question(s) we ask you, please tell us or discuss these with your insurance broker.

HOW TO FILL OUT THIS FORM

Please ensure you answer all questions. Any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured organisation or company

ABN

Address of insured

Suburb State Postcode

Nature of business

Period of cover from to

Scope of cover - please select when cover is required

- a. 24 hours, 365 days
- b. Working hours only
- c. Outside of working hours
- d. Outside of working hours with journey
- e. Journey
- f. Voluntary workers
- g. Education

Class	Type	Definition	Number of people to be covered
Class 1	White collar	Professional, managerial, or administrative whom do not perform any manual work.	
Class 2	Light blue collar	Skilled technicians and proprietors involved in light manual work. Also includes supervisors of blue-collar workers.	
Class 3	Blue collar	Manual workers and machinery operators who are not exposed to high-risk accidents or hazards.	
Class 4	Heavy blue collar	Manual workers and machinery operators exposed to high-risk accidents and health hazards.	
Class 5	Hazardous activities	These are jobs exposed to extreme risks and hazards	

What is the average age of the persons to be covered?

What is the total wage roll of the persons to be covered? \$

	Death and Capital Benefits					
	Benefits required			to a maximum of \$		
	Loss of income					
	Weekly injury			Weekly sickness (category A&G only)		
	\$	pw		\$	pw	
Excess period	7 days	14 days	21 days	7 days	14 days	21 days
Benefit period	52 weeks	104 weeks	156 weeks	52 weeks	104 weeks	156 weeks
	Aggregate limit of liability					
	Any one occurrence			Non-scheduled flying		
	\$			\$		

Have you previously been insured for this type of insurance? Yes No
 If yes, with whom?

Have you ever had any losses for this type of insurance, regardless of whether you were insured or not? Yes No
 If yes, please provide details:

Date of loss	Details of the loss	Amount (\$)

If you have additional losses, please attach a full listing from your previous insurer(s).

Before you submit your form, let us know if you have any other comments regarding this submission.

DECLARATION

I, _____, the undersigned, declare and acknowledge as agent of the Insured:

1. I am authorised as agent of the Insured to complete this proposal;
2. that after enquiry of the Insured, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, are true and correct and that until a contract of insurance is entered into, the Insured is aware that it is obliged to inform Liberty of any changes to any information supplied;
3. that after enquiry of the Insured, the Insured understands Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
4. that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
5. that after enquiry of the Insured, the Insured have read and understood the Important Notices which form part of this proposal; and
6. that we understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty, if any.

Signature

Date

Name (please print)



Privacy Notice

We are bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when we collect and handle your personal information. This notice provides some key information about our privacy practices in relation to personal information. For full details, please see our privacy policy.

We collect personal information in order to provide our services and products, manage claims and for purposes ancillary to our business. We may collect, use and disclose your personal information for those purposes. Your personal information may include sensitive information such as information or opinion about your health and/or medical records. Personal information is in some circumstances collected from third parties, such as health providers and insurance brokers.

We may disclose personal information to third parties involved in this process such as our related companies, reinsurers, agents, loss adjusters, health providers and other service providers.

We may store your information with third party cloud or other types of networked or electronic storage providers.

Third party providers may be located overseas including in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia.

Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide all of the personal information Liberty or other relevant third parties require to offer or provide you with specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at:

Address: Locked Bag 18, Royal Exchange, Sydney NSW 1225, Australia

Email: privacy.officer.ap@libertyglobalgroup.com

To obtain a copy of Liberty's privacy policy go to Liberty's website (libertyspecialtymarkets.com.au) or request a copy from Liberty's Privacy Officer at the above email or postal address.