



PROPOSAL / QUOTATION FORM

Voluntary Workers Insurance

1. Full name of Policyholder:

Address:.....

Postcode:.....

2. Is the Policyholder a business and/or a corporation? Yes No
If you answered Yes, then please go to Question (2a)
If you answered No, then please skip to Question 3.

Question (2a)

Is the general insurance policy you are considering for use or in connection with a small business that is a manufacturing business with 100 employees or less? Yes No

or

Question (2b)

any other business with 20 employees or less? Yes No

3. i) Insured Persons Definition:

ii) Number of insured person:

4. i) Description of Business:

ii) Description of Duties

iii) How much of the Volunteers time is spent involved with these Duties.....

5. Broker:

6. Period of Insurance:

From 4.00pm To 4.00pm

7. Operation of Cover:

24 hours a day

Occupational Only

Non-Occupational

Other (please specify)

8. Previous History:

(a) Does the Policyholder currently have/ or ever have been insured for Accident &/or Sickness Insurance? Yes No
(If yes please provide details of benefits and the name of the Insurer)

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(b) Has the Policyholder ever made a claim for Accident and/or Sickness Insurance? Yes No
(If yes please provide details)

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.....

(c) Have any of the persons to be insured ever suffered a serious Accident and/or Sickness requiring hospitalisation or ongoing treatment? Yes No
(If yes please provide details)

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.....

(d) Has any Insurer in connection with Personal Accident and/or Sickness or similar insurance:
i. Declined your proposal? Yes No
ii. Cancelled or refused renewal of a Policy? Yes No
iii. Required an increase premium or imposed special terms? Yes No
(If yes to either i, ii or iii please provide details)

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(e) Are any of the persons to be insured over the age of 65 years? Yes No
(If yes please provide names, ages and occupation details)

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(f) Do any of the persons to be insured fly as a pilot or passenger in any aircraft other than scheduled airlines? Yes No
(If yes please provide names, ages and occupation details)

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.....

9. Sums Insured:

Coverage Section	Sums Insured (each Insured Person)
1 - Capital Benefits	\$
2 - Weekly Injury Benefit - 104 weeks benefit	\$
3 - Weekly Sickness Benefit - 104 weeks benefit	\$
4 - Broken Bones Benefit	\$

Aggregate Limit of Liability:

Overall Policy Aggregate including Scheduled aircraft \$

Charter and Non-Scheduled aircraft \$

Please note the following:

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty under the law to disclose to the insurer every matter that You know, or could reasonably be expected to know that 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; and
- ◆ as to which compliance with Your duty is waived by the insurer.

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.

In reliance upon the statements made in the proposal for insurance forming a part of this Policy, and in consideration of the premium paid, We agree to insure You against loss covered under this Policy, subject to and in accordance with the Schedule, the Schedule of Sums Insured, the exclusions, limitations, provisions and terms described herein.

21 day cooling – off period

You have the right to return the policy to Us within 21 days of the date that cover is incepted ("cooling off period") unless a claim is made under the policy within the cooling off period.

If You return the policy during the cooling off period, we will refund the full amount of the premium less any taxes or duties payable. The policy will be terminated from the date we are notified of a request to return it. To return the policy, we must be notified in writing within the cooling off period. This can be done by contacting Us at any of the Chubb branches, contact details of which are on the front cover of this document.

Confirmation of Transactions

If You accept our terms and wish to confirm that Your insurance is in place, we provide a telephone confirmation service. To use this service, call Us on (Melbourne) 03 9242 5111, (Perth) 08 6211 7777, or (Sydney) 02 9273 0100 and we will send You written confirmation. If You do not wish to use our telephone confirmation service but require confirmation of cover, you can request this by writing directly to us at the Accident & Health Department:

- ◆ Victoria, Tasmania & South Australia: - Level 51, 525 Collins Street, Melbourne 3000
- ◆ New South Wales & Queensland:- Level 36, 264-278 George Street, Sydney 2000
- ◆ Western Australia:- Level 22, 2 The Esplanade, Perth 6000

Our Privacy Policy

In the course of providing insurance and processing insurance claims, we need to collect personal information about persons that we insure and persons associated with persons we insure. In accordance with the Privacy Act 1988, this statement contains the information required to be given to persons about whom we collect personal information.

Our privacy policy statement is readily available; please contact Us if You would like a copy. Our Contact details are shown on the front cover of this document.

Your access to Your personal information

You can request access to personal information, which we hold about You. Your rights to access and our rights to refuse access are set out in the Privacy Act 1988.

Our use of personal information

We may at any time use personal information we collect about You for any of the following purposes:

- ◆ to provide a quotation or assess a proposal for insurance;

- ◆ to provide, amend or renew an insurance Policy; and
- ◆ to respond to a claim.

Our disclosure of personal information

We may at any time disclose personal information we collect about You to the following types of organisations (some of which may be outside Australia):

- ◆ re-insurers;
- ◆ external valuers and appraisers;
- ◆ loss adjustors and other investigators;
- ◆ professional advisers, such as accountants and lawyers; and
- ◆ other organisations that provide services to Us in relation to the provision of insurance.

If You do not provide Us with the personal information we need

We only collect personal information that we need to provide insurance to You or to a person with whom You are associated, and to respond to any claim that You or that other person makes under an insurance Policy with Us. If You do not give Us this information we may not be able to provide insurance or process a claim.

Disclaimer: For promotional purposes, Chubb refers to member insurers of the Chubb Group of Insurance Companies. Coverage is underwritten by Chubb Insurance Company of Australia Ltd. This information is for marketing purposes only. The precise coverage afforded is subject to the terms and conditions outlined in the Product Disclosure Statement (PDSGPI 1003) and policy wording as issued. PDSs and Policy wordings can be obtained by contacting any Chubb office. Chubb recommends considering the PDS and policy wording in deciding whether to acquire or to continue to hold this product.

DECLARATIONS

I / We declare and warrant that the answers given above are in every respect true and correct, and that I / we have not withheld any information within my / our knowledge likely to affect the decision of the **Company** as to my / our eligibility for insurance. The application and declaration shall be the basis of the contract between the **Company** and myself / ourselves, and I / we agree to accept the **Company's** policy subject to terms and conditions therein.

.....
Signature of Policyholder or Authorised Representative

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Date