



GROUP PERSONAL ACCIDENT APPLICATION FORM

HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us; we may not be able to provide your insurance.

Full Name of the Insured _____

Address _____

_____ State _____ Postcode _____

Nature of Business _____

Insured Persons _____

Period of Insurance From: |__|/|__|/|__| To: |__|/|__|/|__|

Broker _____

Benefits Required	Sums Insured (\$)
Death & Capital Benefits (Events 1 – 19)	_____
Weekly Injury Benefit	_____
Weekly Sickness Benefit	_____
Waiting Period	_____ days/weeks
Benefit Period	_____ weeks
Aggregate Limit of Liability	\$ _____

Group Personal Accident – Occupation/Duties

What is the Occupation? _____

Describe duties involved? _____

Number of people to be covered? _____



Scope of Cover – Please select when cover is required:

- a) 24 hours/365 days
- b) Work hours only (including commuting)
- c) Work Hours only (excluding commuting)
- d) Outside of work hours

Claims History

Have you previously been insured for this type of risk? Yes No If Yes, please provide any claim details

Date of Loss, Nature of Loss, Amount _____

IMPORTANT INFORMATION

INSURER

The Insurer of Your policy are Certain Underwriters at Lloyd’s of London, who are authorised under the Insurance Act 1973 to write Australian Insurance business.

PRIVACY

Woodina Underwriting is committed to protecting the privacy of the personal information You provide Us. Woodina Underwriting collects, uses and retains Your personal information in accordance with the National Privacy Principles.

RENEWAL PROCEDURE

Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

DECLARATION

I/We hereby agree that this Declaration shall be the basis of the contract between me/us and Insurers.

Date _____ Signature of Insured _____