



VOLUNTARY WORKERS 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 Accident Benefit _____

Domestic Help or Student Tutorial Benefits _____

Non Medicare Medical Expenses _____

Waiting Period _____

Benefit Period _____

Aggregate Limit of Liability \$ _____

Voluntary Workers Activity

Describe the nature of the Activities _____

How frequently are Activities Undertaken? _____

What are the **total annual** voluntary hours? _____

What is the maximum number of people involved? _____



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 _____