

VOLUNTARY WORKERS & WORK EXPERIENCE

PROPOSAL FORM

Complete this application for the following covers:

Non-eligible Contracts Personal Accident

IMPORTANT NOTICE: PLEASE READ & RETAIN IN YOUR FILE

Terms provided will be based on information provided on this application.

For the purpose of this application the term **You / Your** means the:

Insured Person named in the Schedule. If the Insured is not the Insured Person, then YOU/YOUR in connection with the payment of premium, the General Conditions and receipt of Benefits means the Insured and in connection with the circumstances in which entitlement to Benefits arise means the Insured Person

For the purpose of this application the term WE/OUR/US means Amazon Underwriting and/or certain Underwriters at Lloyd's.

Your Duty of Disclosure

Before you enter into an insurance contract, You have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

This duty applies until (as applicable) We first agree to insure You, or We agree to any variations, extensions, reinstatements or renewal.

Duty of disclosure when applying for this policy

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.

You have this duty until We agree to insure You.

You have the same duty before you renew, extend, vary or reinstate an insurance contract. 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 do not have to tell Us about any matter

- a) that reduces the risk we insure You for; or
- b) is of common knowledge; or
- c) We know or should know as an Insurer; or
- d) we waive Your duty to tell us about.

If You do not tell us something

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

Reminder - Your duty of disclosure

You have previously been given notice informing You of Your duty of disclosure in relation to a general insurance contract. This is a duty to tell Us about anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until we agree to insure You.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Surrender or Waiver of Any Right of Contribution or Indemnity

Where another person or company would be liable to compensate the Insured or hold the Insured harmless for part or all of any Loss or damage covered by the policy, but the Insured has agreed with that person or company either before or after the inception of the policy that recovery of any Loss or damage from that person or company would not be sought, the Insured will not be covered under this policy for any such Loss or damage.

Contracts by Insured Affecting Rights to Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because the Insured is a party to an agreement which excludes or limits rights to recover damages from a third party in respect of that Loss, signature of any such agreement may place the indemnity under the proposed contract of Insurance at risk.

Privacy Policy

At Amazon Underwriting, we and the Insurer are committed to protecting your privacy in accordance with the Privacy Act, 1998 (Cth). This Privacy Policy describes our/the Insurers' current policies and practices in relation to the handling and use of Personal Information.

What information do we collect and how do we use it?

At Amazon Underwriting, we collect personal information that is necessary to provide and manage the products or services we offer on behalf of an insurer, develop and identify products and services that may interest you and to conduct market or customer satisfaction research. As an agent of an insurer, we may collect the personal information on behalf of an insurer, which may sometimes be located overseas.

Generally, we will collect both personal and sensitive information. Insurers may pass on personal and sensitive information to their reinsurers or other persons, e.g. loss adjusters, medical advisers, claims consultants, lawyers and other advisers. Some of these companies are located outside Australia. We may also disclose your personal and sensitive information to a premium funder if premium funding is to be arranged on your behalf.

We may use your personal information internally to help us improve our services and help resolve any problems.

What if you don't provide some information to us?

Insurance law requires you to provide your insurers with all the information they need in order to be able to decide whether to insure you and on what terms.

How do we hold and protect your information?

We strive to maintain the reliability, accuracy, completeness and currency of the personal information we/the Insurer hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

We endeavor to protect any personal information that we hold from misuse and loss, and to protect it from unauthorized access, modification and disclosure.

We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, e.g. to handle mailings on our behalf or to other companies in the event of a corporate sale, merger, reorganization, dissolution or similar event. However, we will do our best to ensure that they protect your information in the same way that we do.

We may provide your information to others if we are required to do so by law or under some unusual other circumstances which the Privacy Act permits.

How can you check, update or change the information we are holding?

Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate.

If you wish to access or correct your personal information please write to the Privacy Officer, Suite 401, Level 4, 68 York Street, Sydney NSW 2000. We do not charge for receiving a request for, or providing access to, personal information or for complying with a correction request.

ADDITIONAL INFORMATION**Inadequate Space to Answer**

If there is inadequate space to answer our Questions on this application form, please provide the additional information on a separate sheet of paper. Please also attach any brochures, promotional pamphlets or other publications relevant to this application for Insurance.

What if you don't provide some information to us?

Insurance law requires you to provide your insurers with all the information they need in order to be able to decide whether to insure you and on what terms – please refer to the Duty of Disclosure information above.

YOU/YOUR -THE INSURED

1. Full Name of Insured: _____
Address: _____
Phone: _____ Fax: _____
Email Address: _____

2. Insured Persons (including average and maximum number of Insured Persons at any one time):

3. What duties are undertaken and the frequency:

4. Benefits Required:

Death & Capital Benefits

Weekly Accident Benefits

Benefit Period (Weeks)

Excess Days

Aggregate Limit of Liability

Up to and including 58 years of age = 104 weeks from the date you first become entitled to the payment of weekly compensation

59 years = up to age 61

60 years - 65 years = 52 weeks

66 years – 70 years = 26 weeks

71 years – 80 years Nil

7 days

5. Period of Insurance ____/____/____ to ____/____/____ 4.00 p m (Eastern Standard Time)

6. Please answer the following questions:

a.	Are any volunteers working with heavy equipment, working from heights or using power tools and heavy machinery	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
b.	Are any voluntary activities undertaken outside of Australia? If so, what countries?	<input type="checkbox"/> Yes
		<input type="checkbox"/> No

If you answered Yes to any of the above please provide details:

Question Number Above	Details	Name and Address of Doctors and/or Hospitals

CLAIMS HISTORY

7. Have you previously been insured for this type of risk? Yes ☐ No ☐

If 'yes', please provide details:

Name of Claimant	Particulars	Date of Claim	Estimated Quantum
			\$
			\$

8. Have you had any claims of the type to be Insured under the insurance policy requested herein made against you and /or the business/company during the past 5 years?

If 'yes', please provide details:

Yes ☐ No ☐

Name of Claimant	Particulars	Date of claim	Insurer	\$ Value of claim
				\$
				\$

DECLARATIONS AND SIGNATURE

In relation to any of the Insurances requested herein have you ever had an Insurer:-

- a) Decline a proposal? Yes ☐ No ☐
- b) Impose special terms/exclusions? Yes ☐ No ☐
- c) Decline to renew your Insurance? Yes ☐ No ☐
- d) Cancel your Insurance? Yes ☐ No ☐
- e) Impose a special excess on your Insurance? Yes ☐ No ☐
- f) Reject a claim under a policy of insurance? Yes ☐ No ☐

To be completed by an authorised officer

For and on behalf of the Proposed Insured noted in Question 1.

I hereby declare that I have read the **Important Notice** and made all necessary enquiries into the accuracy of the responses given in this application and that the statements made and particulars in this application are true and this application does not misstate or suppress any material facts. I agree that this application form together with any other information supplied shall form the basis of any Contract of Insurance entered into. I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

Signature of Partner, Principal or Director:

Date:

X	
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PLEASE SIGN AND DATE THIS DECLARATION ON THE DAY THE DECLARATION IS MADE.
Signature of this form does not bind the applicant or the Insurer to complete the Insurance.