



Voluntary Workers

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.

Your Details:

Full Name of the Insured

Address

State

Postcode

ABN

Nature of Business

Insured Persons Description

Brokerage (if applicable)

Claims History

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

If Yes, please give any claim details and attach an up to date claims experience

Date of Loss, Nature of Loss, Amount

Benefits required:**Sums Insured**

Death & Capital Benefits	\$		
Weekly Accident Benefit	\$		
Domestic Help or Student Tutorial Benefits	\$500 per week	or other amount	For a maximum of 26 weeks (non-income earners)
Non-Medicare Medical Expenses	85% of expenses incurred to a maximum of \$1,000	or other amount	(\$50 excess)
Deferral Period	7 days		
Benefit Period	– Maximum Benefit Period (refer to Wording) – Benefit Period ages 60 – 64 years – Benefit Period ages 65 – 69 years – Benefit Period ages 70 – 74 years – Benefit Period ages 75 – 79 years	104 Weeks 52 Weeks 26 Weeks 6 Weeks Nil	
Aggregate Limit of Liability	\$		

Voluntary Workers Activity

1. Describe the nature of the voluntary work undertaken

2. Please enter the total number of people to be covered

Please breakdown the total number of people based on the description which best describes the voluntary work undertaken. No.

Class 1 – Administration / office based work

Class 2 – Out of office work / collection days/ door appeals / BBQ's / picnics

Class 3 – Light maintenance work / gardening / adult or child supervision

Class 4 - Heavy maintenance work / building projects / unskilled labour / demolition work / cleaning

Class 5 - Other including but not limited to high risk or hazardous activities

3. What is the maximum number of people involved any one time?

4. What is the average volunteer days per person?

5. Is any travel undertaken to or from such voluntary work outside a radius of 100km?

Yes No

If Yes, please provide details including mode of transport undertaken & locations travelled to

Period of insurance

From:

To:

Important information

Privacy

I/we agree that, by submitting this form, the personal information I/we provide to Accident & Health International Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the [AHI] Privacy Policy found at ahiinsurance.com.au, including for the processing of this application and providing me/us with cover.

General Insurance Code of Practice

AHI proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit www.codeofpractice.com.au.

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 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. This 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 the terms and conditions to be contained therein.

Signature of Insured

Date