

**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

No. of Insured Persons

Please enter the total number of people to be covered and their occupation classes

No.

Class 1 – Office Based

Class 2 – Out of office/supervisory/non-manual

Class 3 – Light manual e.g carpentry/plumbing

Class 4 – Heavy Manual e.g heavy lifting, unskilled labour

Class 5 – High risk or hazardous activities e.g sports, use of weapons, explosives

Is anyone under the policy travelling to remote locations, off shore rigs or longer than a distance of 100kms?

Yes

No

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**

	<b>Sums Insured</b>	
Death & Capital Benefits	\$	
Weekly Accident Benefit	\$	
Deferral Period		days/weeks
Benefit Period		weeks
Aggregate Limit of Liability	\$	

**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](http://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](http://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