

Personal Accident & Illness Proposal Form

Important Notices

Duty of Disclosure

When answering our questions you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in the answer. It is important that you understand you are answering questions for yourself and anyone else whom the questions apply. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel a policy. If you answer your questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

Privacy Statement

We are committed to protecting the privacy of the personal information you provide to us. Any personal information you give us will be treated in accordance with the Privacy Act 1988.

We require personal information about you to assess your request for insurance and to administer your Policy, and also to notify you about other services or promotions from time to time.

Unless we are required by law to provide personal information to others, your personal information will only be seen or used by:

- our own staff and contracted staff
- claims adjusters, lawyers and others appointed by us or on behalf of us for claims handling purposes, and
- our reinsurers and reinsurance brokers (which may include persons or entities located outside Australia)

By submitting your personal information to us, you agree to us using and disclosing your personal information as outlined in this Privacy Statement. This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

If you do not provide the information requested, your insurance proposal may not be accepted, or we may not be able to administer your Policy, or you may breach your Duty of Disclosure, the consequences of which are set out in the Duty of Disclosure section of this document.

You can request access to the personal information we hold about you and, where necessary, you can notify us in writing of changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

From time to time, we may use your name and contact details to send you or your firm offers or information regarding our insurance services or promotions that may be of interest to you. Please let us know if you no longer wish to receive this information.

For further details of our Privacy Policy or to request access to or correct your personal information, please contact the Privacy Officer on 02 9551 1111 or by email to privacy@calliden.com.au or by letter addressed to the Privacy Officer, Calliden Insurance Limited, PO Box 348, Milsons Point NSW 1565. Our Privacy Policy may also be viewed on our website www.calliden.com.au

Cooling Off Period

There is a 21 day cooling off period. If you are not completely satisfied with the Policy you can cancel it by contacting your insurance broker in writing within 21 days of the date of issue of your policy. We will refund your premium less any non refundable government charges and taxes that we have paid. You do not have a right to cancel your policy if you make a claim for any incident within the 21 day period.

1. Broker

Broker:	<input type="text"/>
Broker contact:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>
Postal address:	<input type="text"/>
Post code:	<input type="text"/>

2. Applicant

Name of applicant:	<input type="text"/>		
Phone:	<input type="text"/>		
Main address:	<input type="text"/>		
Post code:	<input type="text"/>		
Postal address:	<input type="text"/>		
Post code:	<input type="text"/>		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth: <input type="text"/>
Australian resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary occupation:	<input type="text"/>		

3. Level of cover

For the purposes of this application form, Earnings means:

- a) if you are self-employed or a working director, your gross weekly income from your personal exertion:
 - after allowing for costs and expenses incurred in deriving that income;
 - averaged over the twelve months prior to Injury or Illness or any shorter period that you have been engaged in your Occupation.
- b) if you are an employee, your gross weekly base rate of pay:
 - exclusive of overtime payments, bonuses, commission or allowances;
 - averaged over the twelve (12) months prior to Injury or Illness or over any shorter period that you have been continuously employed.

Capital Sum Insured (max \$100,000):	\$ _____
Weekly Accident & Illness Benefit (max \$1,000):	\$ _____
<small>(please note that the most we will pay for weekly benefits is 85% of your Earnings)</small>	
Waiting Period:	<input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 13 weeks <input type="checkbox"/> 26 weeks
Weekly Benefit Period:	<input type="checkbox"/> 52 weeks <input type="checkbox"/> 104 weeks
Inception Date:	____ / ____ / ____

4. Qualification for cover (to be completed by applicant)

- Does your work require you to use explosives? Yes No
- Does your work require you to work above 10 metres? Yes No
- Do you work with asbestos? Yes No
- Do you work with other dangerous chemicals or substances? Yes No
- Have you ever had an accident or illness insurance declined or cancelled, application/proposal rejected, renewal refused, claim rejected, or special conditions or excess imposed by an insurer? Yes No
- Have you ever received medical advice, consulted a doctor, undergone any medical treatment or investigation for high blood pressure or cholesterol; any heart complaint or problem; HIV AIDS or AIDS related conditions; stroke, kidney, bowel, bladder or liver disease; cancer or tumour of any type; diabetes; asthma or any lung complaint; mental, nervous or depressive disorder; epilepsy; alcohol or drug abuse; nervous system disorder? Yes No
- In the last 5 years, have you suffered from any other serious health problem or physical impairment which required hospitalisation or specialist treatment other than those mentioned in the previous question? Yes No
- Are you currently experiencing any symptoms of ill health? Yes No

Applicant's Signature: _____

5. Declaration

This declaration must be completed and signed by or on behalf of the party applying for insurance.

I/We

- a) declare that:
- i. the answers and information given by me/us in this Application are true and correct in all respects;
 - ii. no information has been withheld that would affect Calliden's decision to accept this Application;
 - iii. where answers in this Application are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
 - iv. I/we have read and understood the clauses detailed under the Important Notices section at the front of this Application;
 - v. if there was insufficient space to fully answer any questions, I/we have attached _____ supplementary pages providing the additional information required.
- b) authorise Calliden to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.
- c) have received a copy of the Product Disclosure Statement and Policy terms and conditions and agree to be bound by the terms and conditions in it.

Applicant's Signature: _____ **Date:** ____ / ____ / ____

Applicant's Title: _____

Please return to: Blue Dog Insurance
 ABN 85 063 244 995, AR 342981

PO Box 828, Albury NSW 2640
 Phone: 1300 BLUE DOG (1300 2583 364)
 Fax: 02 6051 2624
 info@bluedoginsurance.com.au