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# Accident & Health

GROUP PERSONAL  
ACCIDENT & SICKNESS  
PROPOSAL FORM

[libertyspecialtymarkets.com.au](http://libertyspecialtymarkets.com.au)



**Liberty**  
Specialty Markets

**Important Notice****Duty to take reasonable care not to make a misrepresentation**

Whenever you interact with us in relation to this policy, you have a duty to take reasonable care not to make a misrepresentation.

This means you have an obligation to take reasonable care to be honest, accurate and complete in the answers to the questions we ask you, including questions which may relate to anyone else to whom this insurance applies.

If you make a misrepresentation, we can exercise any available legal rights against you, including refusing or cancelling your policy, or reducing our liability in respect of any claims.

If you are unsure about any question(s) we ask you, please tell us or discuss these with your insurance broker.

**Target Market Determination**

Our Target Market Determination, available on the Target Market Determination page on [our website](#) or from the insurance broker who arranged this insurance for you, may assist you to understand the class of retail clients for whom this policy has been designed.

Or [click here](#) to take you straight to the TMD applicable to this policy.

**HOW TO FILL OUT THIS FORM**

Please ensure you answer all questions. Any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured organisation or company (list all entities to be insured):

ABN of first entity

Address of insured

Suburb

State

Postcode

Period of cover from

to

**Business Activities**

Describe main activities or type of business, including details of any overseas exposure:

Has the insured had a group personal accident claim in the last five years, or been declined this kind of insurance before or are currently bankrupt, insolvent or in receivership?	Yes	No
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If yes, please complete details on page 8, or attach claims report from your previous insurer(s) or attach further information.

Is the insured involved in the coal, cannabis or weapons/ammunitions industries?	Yes	No
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Will the insured be involved in projects that may include:

Oil sands	Yes	No
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Oil and/or gas construction	Yes	No
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Fracking; or	Yes	No
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Projects in protected or indigenous areas	Yes	No
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Is the insured involved in litigation funding?	Yes	No
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If yes, please provide details below:

**Operative time**

Please select which operative time is required:

- a. 24 hours, 365 days
- b. Working hours only
- c. Working hours only with journey
- d. Outside of working hours with journey
- e. Voluntary workers (go to page 5)
- f. Journey (go to page 6)
- g. Education (go to page 7)

Complete this table below only for operative time - a, b, c, or d above

Class	Type	Definition	Number of people to be covered
Class 1	White collar	Professional, managerial, or administrative who do not perform any manual work.	
Class 2	Light blue collar	Skilled technicians and proprietors involved in light manual work. Also includes supervisors of blue-collar workers.	
Class 3	Blue collar	Manual workers and machinery operators who are not exposed to high-risk accidents or hazards.	
Class 4	Heavy blue collar	Manual workers and machinery operators exposed to high-risk accidents and health hazards.	
Class 5	Hazardous activities	These are jobs exposed to extreme risks and hazards	

What is the average age of the persons to be covered?

What is the total wage roll of the persons to be covered?

\$

**Benefits required for operative time - a, b, c or d**

	Death and Capital Benefits					
	Benefits required to a maximum of \$					
	Loss of income					
	Weekly injury			Weekly sickness (category A only)		
	\$	pw		\$	pw	
Excess period	7 days	14 days	21 days	7 days	14 days	21 days
Benefit period	52 weeks	104 weeks	156 weeks	52 weeks	104 weeks	156 weeks
	Aggregate limit of liability					
	Any one occurrence			Non-scheduled flying (refer page 8)		
	\$			\$		

**Voluntary workers**

How many volunteers do you have in total?

On average how many hours do they complete voluntary work per week    per month or    per year

How many volunteers would be completing voluntary work at any one time?

**Benefits required**

Death and capital benefits	Weekly injury			
Choose one option below	Loss of income \$ <span style="float:right">per week</span>			
x salary to a maximum of \$	Excess period	7 days	14 days	21 days
Flat sum insured	Benefit period	52 weeks	104 weeks	156 weeks
\$100,000    \$150,000    \$200,000    \$250,000				
<b>Non-Medicare medical expenses</b>	<b>Percentage payable</b>		<b>Excess</b>	
\$2,500    \$5,000	90%	100%	Nil	\$50    \$100

**Aggregate limit of liability**

Any one occurrence	\$1,000,000	\$2,000,000
Non-scheduled flying refer page 8)	\$250,000	\$500,000

Do you require cover for work experience students, or personnel on employment and training programs? Yes    No

If yes, how many work experience students do you require cover for?

How many employment or training program persons do you require cover for?

**Benefits required for students or employment/training programs if different to those noted above**

Death and capital benefits	Weekly injury			
Choose one option below	Loss of income \$ <span style="float:right">per week</span>			
x salary to a maximum of \$	Excess period	7 days	14 days	21 days
Flat sum insured	Benefit period	52 weeks	104 weeks	156 weeks
\$100,000    \$150,000    \$200,000    \$250,000				
<b>Non-Medicare medical expenses</b>	<b>Percentage payable</b>		<b>Excess</b>	
\$2,500    \$5,000	90%	100%	Nil	\$50    \$100

**Aggregate limit of liability**

Any one occurrence	\$1,000,000	\$2,000,000
Non-scheduled flying (refer page 8)	\$250,000	\$500,000

**Journey**

Number of employees by state

State/Territory	Full time employees	Part time employees (if applicable)
ACT		
New South Wales		
Northern Territory		
Queensland		
South Australia		
Tasmania		
Victoria		
Western Australia		

Is cover required in all states/territories Yes No

If no, in which states/territories do you require cover?

**Benefits required**

Death and capital benefits				Weekly injury			
Choose one option below				Loss of income \$ <span style="float: right;">per week</span>			
x salary to a maximum of \$				Excess period	7 days	14 days	21 days
Flat sum insured				Benefit period	52 weeks	104 weeks	156 weeks
\$100,000	\$150,000	\$200,000	\$250,000				

**Aggregate limit of liability**

Any one occurrence	\$1,000,000	\$2,000,000
Non-scheduled flying (refer page 8)	\$250,000	\$500,000

**Education**

Number of insured persons

Insured persons	Number
Teachers	
Students	
Voluntary Workers	
Other – please describe	

**Benefits required**

Death and capital benefits	Weekly injury			
Choose one option below	Loss of income \$ <span style="float: right;">per week</span>			
\$100,000    \$150,000    \$200,000    \$250,000	Excess period	7 days	14 days	21 days
<b>Fractured bones</b>	Benefit period	52 weeks	104 weeks	156 weeks
\$2,500    \$5,000    \$7,500	<b>Percentage payable</b>		<b>Excess</b>	
<b>Non-Medicare medical expenses</b>	90%	100%	Nil	\$50    \$100
\$2,500    \$5,000	<b>Aggregate limit of liability</b>			
Any one occurrence	\$1,000,000	\$2,000,000		
Non-scheduled flying (refer page 8)	\$250,000	\$500,000		

**Non-scheduled flying**

If you require cover for non-scheduled flying, please complete the following:

Type of aircraft	Number of return flights	Average duration	Average number of employees any one flight	Maximum number of employees any one flight
Helicopter flights – overseas				
Fixed wing twin engine flights – overseas				
Fixed wing single engine flights – overseas				
Helicopter flights – Australia				
Fixed wing twin engine flights – Australia				
Fixed wing single engine flights – Australia				
Helicopters – oil rigs				
<b>Total</b>				

Where are flights to and from and detail type of tarmac:	To	From	Tarmac

Does this include fly in/fly out? Yes    No

If yes, please provide separate details of rosters/swings, number of persons, number of trips, destinations and duration:

Have you ever had any losses for this type of insurance, regardless of whether you were insured or not? Yes    No

If yes, please provide details:

Date of loss	Details of the loss	Amount (\$)

If you have additional losses, please attach a full listing from your previous insurer(s).



**DECLARATION**

I, \_\_\_\_\_, the undersigned, declare and acknowledge as agent of the Insured:

1. I am authorised as agent of the Insured to complete this proposal;
2. that after enquiry of the Insured, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, are true and correct and that until a contract of insurance is entered into, the Insured is aware that it is obliged to inform Liberty of any changes to any information supplied;
3. that after enquiry of the Insured, the Insured understands Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
4. that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
5. that after enquiry of the Insured, the Insured have read and understood the Important Notices which form part of this proposal; and
6. that we understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty, if any.

Signature

Date

Name (please print)

**Privacy Notice**

We are bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when we collect and handle your personal information. This notice provides some key information about our privacy practices in relation to personal information. For full details, please see our privacy policy.

We collect personal information in order to provide our services and products, manage claims and for purposes ancillary to our business. We may collect, use and disclose your personal information for those purposes. Your personal information may include sensitive information such as information or opinion about your health and/or medical records. Personal information is in some circumstances collected from third parties, such as health providers and insurance brokers.

We may disclose personal information to third parties involved in this process such as our related companies, reinsurers, agents, loss adjusters, health providers and other service providers.

We may store your information with third party cloud or other types of networked or electronic storage providers.

Third party providers may be located overseas including in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia.

Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide all of the personal information Liberty or other relevant third parties require to offer or provide you with specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at:

Address: Level 38, Governor Phillip Tower, 1 Farrer Place, Sydney NSW 2000, Australia

Email: [privacy.officer.ap@libertyglobalgroup.com](mailto:privacy.officer.ap@libertyglobalgroup.com)

To obtain a copy of Liberty's privacy policy go to Liberty's website ([libertyspecialtymarkets.com.au](http://libertyspecialtymarkets.com.au)) or request a copy from Liberty's Privacy Officer at the above email or postal address.