

# PERSONAL ACCIDENT & SICKNESS POLICY APPLICATION

PROJECT

You need to disclose to your insurer everything relevant to their decision to write your risk and on what terms. This Duty of Disclosure applies at all times, so please tell us about any changes to your circumstances or details. It also applies to all named persons, companies and parties forming part of the insured and you should send a copy of these notices to such parties where applicable.

For more details and other important information please refer to the attached "JLT - Our Commitment to You and Financial Services Guide".

Please note that this insurance, if placed with Lloyds of London, is being effected under the authority to bind cover on behalf of the insurer and that in arranging this policy, we are acting as agent for the Insurer.

Please ensure that all questions are answered. **DO NOT LEAVE ANY QUESTION UNANSWERED**; if you have trouble answering any of the questions please do not hesitate to contact author.

## POLICY DETAILS

Company Name

Address

Contact Name

Phone Number

Fax Number

Email

Cover Type: (please select)

Personal Accident & Sickness (EBA Requirement)

☐

Workers Compensation Top-up (EBA Requirement)

☐

Period of insurance:

From

To

at 4pm Australian local standard time

Is this insurance required as part of the following?

Enterprise Bargaining Agreement/Union Collective Agreement.

☐ Yes

If so, please supply a copy of requirement

☐ No

## YOUR BUSINESS

1. Describe the Nature of your Business

  
  

2. Please describe any unusual hazards your employees may undertake:

## EMPLOYEES

### Note:

The purpose of this Insurance is to cover all employees of your company or all employees of a specified group within your company (For example, all executive, all salaried staff, all wage employees, all employees of a particular EBA/Union Collective Agreement), as distinct from only those employees within your company who work on EBA/Union Collective Agreement sites from time to time. With this in mind:

3. Do you require this insurance for all the employees of the Company: Yes ☐ No ☐

If "No", please give a precise description of the employees to be covered under this policy of insurance (eg, all executive, all salaried staff, all wage employees, all employees of a particular EBA/Agreement):

4. Is this Insurance required as part of an EBA/Union Collective Agreement? Yes ☐ No ☐

If so, please supply copy of the Income Protection Insurance requirement.

5. Estimated Annual Wageroll and employees for the Period:

Wageroll

	Wageroll	N° of Employees	Average weekly wage per Employee
Total \$	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note:

- i) Wages to be used in the declaration should be inclusive of all penalty payments, overtime, commission, all allowances (eg site, tools, etc) as well as superannuation and redundancy costs, etc.
- ii) The Declared Wageroll needs to show the Total Annual wages and/or salary of all the eligible employees covered by this insurance policy.

6. Are any of the Employees Casuals and/or Contractors? If so, please provide details: Yes ☐ No ☐

7. Are all workers (insured by this policy) covered by Workers Compensation? Yes ☐ No ☐

If "No" please provide details of those self employed or not covered by Workers' Compensation:

8. Please provide details of any previous claims / losses (please do not leave blank)

9. Project period

10. Manning schedule of the workplace

11. Details of employee work cycle

12. Type of work / classification of employee

13. Please advise the following age and gender snapshot of work force:

Workforce Age

Number	Under 25	25 – 35	35 – 45	45 – 55	55 - 65	65 - 70
Male	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SIGNATURE AND DECLARATION

1. The Duty of Disclosure contained in the “JLT - Our Commitment to You and Financial Services Guide” has been read and understood by me / us.
2. All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
3. I acknowledge you have the right to decline any application.

Applicant's Name

Applicant's Position

Applicant's Signature

Date