AHI

APPLICATION FORM

# Journey Group Personal Accident

### FILLING OUT THIS FORM

1. This is a digital form. Click on each box and type to enter the required information. If you prefer, you can also print the form and fill it out by hand.
2. Please answer all questions honestly and accurately.
3. If you require additional space, please include a separate page with the additional details.
4. When answering questions that require you to mark your response in a box, please indicate your answer using a '✓'.
5. Please complete the form by signing the declaration at the end of the form.
6. Please ensure you attach any requested additional documentation.
7. Please save this form and send to your broker upon completion.

Note: a reference in this form to 'organisation' also means a reference to a company to be insured.

### WHEN ANSWERING OUR QUESTIONS

You need to answer our questions accurately and fully. If you do not, we could reduce or not pay a claim, cancel your policy or treat it as if it never existed. If you are applying for this insurance on behalf of a company or other type of organisation, then the following duty of disclosure notice additionally applies.

### DUTY OF DISCLOSURE

The application for this insurance cover is subject to the *Insurance Contracts Act* 1984 (Cth), which imposes duties of disclosure on insured persons and entities.

**Consumer Insurance Contracts**
Before entering into a consumer insurance contract, the insured has a duty to take reasonable care not to make a misrepresentation to the insurer. This means the insured must answer all questions from the insurer honestly and with reasonable care. The duty applies up until the insurer agrees to enter into the contract.

**Non-Consumer Insurance Contracts**
Before entering into a non-consumer insurance contract, the insured has a duty to disclose every matter that they know, or could reasonably be expected to know, is relevant to the insurer's decision to accept the risk and on what terms.

The insured does not need to disclose anything:
- that reduces the risk to be insured,
- that is common knowledge,
- that the insurer knows or should know as an insurer, or
- for which the insurer has waived disclosure.

This duty continues until the insurer agrees to enter into the contract, or when an existing contract is renewed, varied, extended, reinstated, or replaced.

**Consequences of Non-Disclosure**
If the insured fails to comply with their duty of disclosure or their duty to take reasonable care not to make a misrepresentation, the insurer may be entitled to cancel the policy, reduce the amount paid on a claim, or, in the case of fraudulent non-disclosure or misrepresentation, avoid the policy altogether as if it never existed.

## Details

Organisation's name

ABN

Postal address

State or territory

Postcode

Is the organisation to be insured?* ☐ Retail client ☐ Wholesale client

*Please refer to the table at the end of this form for the definition of retail and wholesale or ask the person who is arranging this insurance for you.

Is the organisation stamp duty exempt? ☐ Yes* ☐ No

*If 'Yes', please provide a copy of your organisation's stamp duty exemption certificate.
**Important:** The NSW stamp duty small business insurance exemption does not apply to this class of insurance.

Description of the organisation

## Requested Start Date for 12 Months' Cover

Requested start date ☐☐ / ☐☐ / ☐☐☐☐ Subject to the insurer's acceptance.

## Scope of Cover Required

Please select one ☐ Journey only ☐ Journey including lunch or other regular working-day breaks

## Persons to Be Insured

All employees

Other persons
(please specify type)

## Number of Persons to Be Insured by State/Territory and Occupation

| | Location | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Occupation Class | ACT | NSW | NT | QLD | SA | TAS | VIC | WA |
| Class 1: Office based /Administrative | | | | | | | | |
| Class 2: Out of office/Supervision of labour | | | | | | | | |
| Class 3: Light manual | | | | | | | | |
| Class 4: Heavy manual | | | | | | | | |

Is any person to be insured engaged in rostered shift work or has a usual commute of over 100km? Yes No

If 'Yes', please provide details.

## Benefits Requested

Death and Capital Benefits $100,000 $200,000 $300,000

Weekly Injury Benefit $1,000 $1,500 $2,000 Other

Deferral Period
(days no benefits paid) 7 14

Benefit Period (weeks) 52 104

## Claims History

Has the organisation to be insured held journey cover under a group personal accident insurance policy in the last 5 years? Yes No

Has the organisation to be insured made any journey claims under a group personal accident insurance policy in the last 5 years? Yes* No

*If 'Yes', please provide a copy of the claims experience on the insurance provider's letterhead.

## Privacy Policy

Please indicate your consent by placing a '✓' in the box.

☐ The person submitting this form agrees that the personal information it contains will be collected by Accident & Health International Underwriting Pty Ltd (AHI) and managed in accordance with its privacy policy which can be read online at ahiinsurance.com.au/privacy or by calling AHI on (02) 9251 8700 to ask for a copy. AHI handles all personal information in accordance with the *Privacy Act* 1988. It collects personal information directly, through its agents and other companies within the Tokio Marine global corporate group. AHI uses the personal information it collects to conduct its business, including evaluating insurance applications, which it cannot do if it is not able to receive this information. AHI may send personal information it collects overseas, including Japan, USA, Canada, Bermuda, New Zealand, Thailand, Hong Kong, Europe (including the United Kingdom), Singapore and India. Contact AHI for more information about how it handles personal information or if you have a privacy complaint.

## Declaration

Please make your declaration by placing a '✓' in the box.

☐ The person completing this form declares that their answers are accurate and complete.

☐ The person submitting this form on behalf of an individual or an organisation, confirms they are authorised to do so and have notified those parties of how AHI will handle their personal information.

Print name of the person completing this form

Signature of the person completing this form

Date

/ /

## AHI Retail/Wholesale Questions Guidance

| **Is the organisation to be insured an individual or small business?** | |
|---|---|
| 1. Is the organisation to be insured an individual person, such as a sole trader with an ABN operating under a business or trading name? | If yes, the organisation to be insured is an individual and, for this product, is a ***retail client***.<br>If no, go to next question. |
| 2. Is the organisation to be insured, involved in manufacturing? | If yes, go to question 3.<br>If no, go to question 4. |
| 3. For an organisation involved in manufacturing, do they have less than 100 employees? | If no, the organisation to be insured is not a small business and, for this product, is a ***wholesale client***.<br>If yes, the organisation to be insured is a small business and, for this product, is a ***retail client***. |
| 4. For an organisation not involved in manufacturing, does the organisation have less than 20 employees? | If yes, the organisation to be insured is a small business and, for this product, is a ***retail client***. |