

Personal Accident & Sickness Policy Application

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	<input type="text"/>		
Address	<input type="text"/>		
Contact Name	<input type="text"/>		
Phone Number	<input type="text"/>		
Fax Number	<input type="text"/>		
Email	<input type="text"/>		
Cover Type:	(please select)	Personal Accident & Sickness (EBA Requirement)	<input type="checkbox"/>
		Workers Compensation Top-up (EBA Requirement)	<input type="checkbox"/>
		Trauma (EBA Requirement)	<input type="checkbox"/>
Period of insurance:	From	<input type="text"/> / <input type="text"/> / <input type="text"/>	
	To	<input type="text"/> / <input type="text"/> / <input type="text"/>	at 4pm Australian local standard time
Is this insurance required as part of the following?	Enterprise Bargaining Agreement/Union Collective Agreement.		<input type="checkbox"/> Yes
	If so, please supply a copy of requirement		<input type="checkbox"/> No
If site specific, please supply the site details and a copy of requirement			
<input type="text"/>			

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/Union Collective Agreement):

4. Estimated Annual Wageroll and employees for the Period of insurance:

Wageroll

	Current Year	N° of Employees
Total \$	<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.

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

6. 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:

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

8. To assist us in obtaining the best possible rate and terms, can you please provide a list of employees to be covered by your company (if not enough room, please attach a separate sheet)

List of Eligible Employees as at Effective Date of Policy

Employee Name	Date of Birth	Age	Annual Salary

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