QBE MERCANTILE MUTUAL

Accident/Illness Insurance Application

Policy No.		Client No.		Intermediary No.	

DETAILS OF THE INSURED

Name of Insured			
Tax Status	Registered Business Yes ☐ No ☐	ABN	Taxable %
Postal Address			Postcode
Contact Number	Phone No. (Private)	Phone No. (Business)	
	Fax No.	E-mail	
Period of Insurance	From / /	to 31 / 07 / 05	at 4 p.m.

PERSONAL DETAILS (To be completed by the Insured Person)

Name of Insured Person			
Date of Birth	/ / Sex M ☐ F ☐	Height Cm	Weight Kg
Are you a permanent resident of Australia?	Yes ☐ No ☐	Your Occupation	
Describe Your Duties			
If you are self employed, how long have you been operating your current business?			
Are any duties hazardous (e.g. explosives/dangerous substances/working from heights)? If "Yes", please give details.		Yes ☐ No ☐	
Name and address of Employer or Business			

EARNINGS

Please refer to the definition of Earnings in the policy and complete the following:

If you are an employee

Gross Weekly Income	$
Less overtime, bonuses, commission and allowances	$
Net Weekly Earnings	$

If you are a self employed person or a working director

Average Weekly Gross Income	$
Less your expenses incurred in earning your income	$
Net Weekly Earnings	$

BENEFITS REQUIRED

	Sum Insured		Premium
Capital Sum Insured	$	Conditions 1-17 ☐ 1-30 ☐ Death only ☐	$
Weekly Accident Benefit	$	Benefit Period weeks	$
Weekly Illness Benefit	$	Benefit Period weeks	$
Excluded Period of Claim	week(s)	Total Premium	$

GST	$
Government Stamp Duty	$
Total Amount Payable	$

Office Use

Stat

Class

Workers' Compensation Discount Allowed?

Yes ☐ No ☐

24 Hour (365 Days) ☐ Outside working hours (leisure time only) ☐

Replaces Policy Number

INSURANCE AND MEDICAL DETAILS

1. Has any application for accident or illness insurance on your life ever been declined, modified, accepted at an increased premium, cancelled or refused renewal?	Yes ☐ No ☐
2. Have you ever claimed for benefits under any accident or illness policy?	Yes ☐ No ☐
3. Will you be entitled to claim under any other existing or intended insurance from any other source providing for weekly benefits, workers' compensation, or sick leave?	Yes ☐ No ☐
4. Have you ever received medical advice, consulted a doctor, undergone any medical treatment or investigations 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 ☐
5. During the last 5 years, have you suffered from any other health problem or physical impairment not mentioned above or have you taken prescribed medication of any kind? (It is not necessary to answer "Yes" if only for colds and flu).	Yes ☐ No ☐
6. Do you currently have any symptoms of ill health or injury or are you taking prescribed medication of any kind?	Yes ☐ No ☐
7. Is there any likelihood of recurrence of any illness or injury previously suffered or the possibility of you undergoing surgery or other treatment?	Yes ☐ No ☐

If you have answered "Yes" to **any** of the above questions, please give details including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted. If there is insufficient space, please attach details.

ACTIVITY DETAILS

Do you currently, or do you intend to engage in any hazardous pursuit or pastime, including but not limited to motor sports in any form, rock climbing, water skiing, snow skiing, horse riding, football (all codes), other body contact sports? If "Yes", please give details.	Yes ☐ No ☐

IMPORTANT INFORMATION

YOUR DUTY OF DISCLOSURE

What you must tell us: By law, you must answer our questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. We will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.
Who needs to tell us: It is important that you understand you are answering our questions in this way for yourself and anyone else you want to be covered in this policy.
If you do not tell us: If you do not answer our questions in this way, we may reduce or refuse a claim, or cancel the policy. If you answer fraudulently, we may refuse a claim and treat the policy as never having existed. If you do not understand your duty, ask us to explain.

THIRD PARTY INTERESTS

You must inform us of the interests of all third parties to be covered by this insurance. We will protect their interests only if you have informed us of them and we have noted them in the Certificate.

IF THE PREMIUM IS PAYABLE BY INSTALMENTS

You cannot claim under this policy if at the time the injury or illness occurred, any instalment of premium has remained unpaid for 14 days or more. We may cancel this policy by giving notice immediately if any instalment of premium has remained unpaid for 1 month or more. We will deduct from any claim paid or payable, any unpaid premium or instalment of premium.

THE CODE OF PRACTICE

We are a signatory to the General Insurance Code of Practice developed by the Insurance Council of Australia. The aim of the Code is to raise the standards of practice and service in the insurance industry. Further information about the Code is available upon request.

DECLARATION AND SIGNATURE BY INSURED/INSURED PERSON

I have read and understood the important information and the policy wording. I declare that the information given is true and correct in every particular and all details relevant to this insurance have been disclosed. I understand that even if I have paid a premium, this cover will not be effective until QBE Mercantile Mutual Limited has accepted the insurance application and a Policy Certificate issued.

Signature of Insured	Date	Signature of Insured Person	Date
X	/ /	X	/ /

This Policy is underwritten by the Insurers set out below in the following proportions:-
Mercantile Mutual Insurance (Australia) Limited ACN 000 456 799 – 50%
QBE Insurance (Australia) Limited ACN 003 191 035 – 50%
This means each Insurer is only responsible for its 50% share. In arranging and effecting this policy, QBE Mercantile Mutual Limited ACN 087 142 569 will be acting under authority given to it by the Insurers. It will be acting as agent of the Insurers not as your agent.