



# Group Personal Accident & Illness Business Protector Plus

Application

**Important Note: Please complete Part A – Application and submit to AIG.  
AIG will complete Part B – Quotation and return to your Insurance Broker.**

## Part A – Application

**The policyholder should review the policy documentation before completing this application**

### Important Notes:

There is no cover for persons over the age of 69 years.

The policy provides cover for Business owners and Employees only. There is no cover for Non-Executive Directors.

### Risk Information

Full Name of the Insured:  ABN:

Address:  State:  Postcode:

Name of Insurance Broker:

Description of the Insureds Business Activities:

*(Please detail business activities of main operating units and subsidiaries).*

Total number of Insured Persons working more than 20 hours per week, including Business owners & Directors involved in the day to day operations of the business:

*When submitting a claim, evidence may be required to show the claimant was on the payroll at the time of this application.*

a) Employees  *(enter number by headcount)*

b) Business Owners  *(enter number by headcount)*

c) **Total Insured Persons**  *(total of above categories)*

### Additional Information

Do you have existing supply contracts with, or are you involved in discussion about new supply contracts in relation to any hospital, nursing home, retirement home or an emergency service such as Police, Army, Fire Service or Ambulance?

Yes  No

*If 'Yes', please provide details*

Are you aware of any Insured Person who has suffered a specified infectious Disease in the last 12 months?

Yes  No

*If 'Yes', please provide details*

### Additional Information (continued)

Have you been required to put in place any special restrictions due to a workplace related outbreak of any specific diseases?

Yes  No

If 'Yes', please provide details

Census information (if available)

a) Provide the percentage breakdown between male and female employees:

Male:  Female:

b) Provide the percentage breakdown between employees of the following ages:

<40 years:  40-49 years:  50-69 years:

### Important Notes

This Policy provides cover for Insured Persons who meet the definition of Insured Person as described in the policy wording. There is no cover for business owners of the Insured entity if they are not involved in the day to day operations of the business. Business owners who meet this criteria and are to be covered should be declared on this application.

There is no cover for any business operations that are not physically conducted wholly within Australia, or for any loss under Section 1 Benefit 1 & 2 of the policy whilst an Insured Person is travelling or employed outside Australia

This Policy covers Insured Persons aged between 16 and 69 years inclusive.

### Important Notice

#### Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

#### If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

#### Your duty of disclosure for renewals

Before you renew this contract of insurance, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to renew the contract.

#### If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### Declaration

I/We declare and warrant that the answers and information given above are in every respect true and correct, and that I/we have not withheld any information within my/our knowledge likely to affect the decision of the company as to my/our eligibility for Insurance.

Signature

Title of person signing:

Date:



# Group Personal Accident & Illness Business Protector Plus

Quotation

TO BE COMPLETED BY AIG

## Part B – Quotation

Quotation Date: / /

Thank you for the opportunity to provide a quotation for your client's insurance needs. I am pleased to provide the following for your consideration.

This quotation document provides a summary of benefits only and is not intended as a full explanation of all the terms, conditions and exclusions that would apply to the insurance. Please refer to the applicable policy wording for additional information as required. A copy of the wording is available on request.

Name of the Insured:

Insured Persons:

### Schedule of Compensation

Item	Description	The Compensation
<b>SECTION ONE: Specified Infectious Diseases</b>		
Benefit 1	Hospitalisation Allowance – Upon being diagnosed with a Specified Infectious Disease	\$2,000 per Insured Person
Benefit 2	Quarantine Allowance – Upon being diagnosed with a Specified Infectious Disease	\$1,000 per Insured Person
<b>SECTION TWO: Business Continuity Booster</b>		
Benefit 3	Business Continuity Booster – For Specified Infectious Diseases if more than 40% or your workforce is hospitalised or is placed under a Quarantine Order.	\$1,500 per Insured Person to a maximum of \$15,000 per event/policy period
<b>SECTION THREE: Serious Accident Response</b>		
Benefit 4	Serious Accident Response – Death and Disablement – Events 1-8	\$50,000 per Insured Person Note : Sum Insured Limited to \$12,500 whilst travelling to and from your residence and usual place of work
<b>SECTION FOUR: Overseas Medical Expenses</b>		
Benefit 5	Overseas Medical Expenses Ongoing Medical Expenses in Australia Overseas Medical Evacuation Expenses	Unlimited
Benefit 6	Travel Guard Assistance	

Period of Cover		
<b>Section 1</b>	<b>Specified Infectious Diseases</b>	24 hours within Australia
<b>Section 2</b>	<b>Business Continuity Booster</b>	24 hours within Australia
<b>Section 3</b>	<b>Serious Accident Response</b>	Cover under this section shall only apply (a) whilst an Insured Person is carrying out their occupational duties for the Insured either on or away from the Insured’s registered premises. (b) Commuting to and from your usual place of residence and your usual place of work:
<b>Section 4</b>	<b>Overseas Medical Expenses</b>	Cover under this section shall only apply whilst the Insured Person is engaged on <b>Travel</b> during a Policy Period, as defined: <b>Travel</b> means travel undertaken on the business of the Insured which is authorised by the Insured (including associated leisure travel) provided such travel involves an overseas journey outside Australia. Cover commences from the time the Insured Person leaves his or her normal residence or place of business, whichever is the place of departure for the commencement of the <b>Travel</b> and continues for a maximum period of 90 consecutive days or until the Insured Person returns to his or her normal residence or place of business, whichever occurs first.

<b>Age Limits:</b>	1. Minimum age 16 years 2. Maximum age 69 years			
<b>Aggregate Limits of Liability Any One Period:</b>	Section 1	\$ <input type="text"/>	Any One Policy Period	Refer General Condition 8(a)
	Section 2	\$ <input type="text"/>	Any One Policy Period	Refer General Condition 8(b)
	Section 3	\$ <input type="text"/>	Any One Policy Period	Refer General Condition 8(c)

Premium	\$ <input type="text"/>	Quotation Date:	/ /
GST	\$ <input type="text"/>	AIG Underwriter:	<input type="text"/>
Stamp Duty	\$ <input type="text"/>	Signature	<input type="text"/>
<b>Total</b>	<b>\$</b> <input type="text"/>		
Commission	\$ <input type="text"/>		

**Subjectivities**

This quotation is valid for 14 days from the quotation date.

This quotation is based on the information provided and/or known as at the quotation date. Should there be any changes to the proposed risk, or if any particulars are incorrect, please advise us accordingly. We reserve the right to revise terms.

If cover is bound, the terms of this quotation will apply. Placing slips and closings which are at variance to these terms, will not override the terms quoted above unless expressly noted and agreed in writing.



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