

**Voluntary Workers
Group Personal Accident
Proposal Form**
2024 01

Batch
Accident & Health

Important Notices

BINDER AGREEMENT

The contract of insurance is arranged by Batch Underwriting Pty Ltd (ABN 15 670 264 767, AFSL 237267) ('Batch') acting under a binding authority as agent for the Insurer(s), certain underwriters at Lloyd's. Batch does not act as Your agent.

DEFINED TERMS

Some words used in this Proposal Form ('Proposal') have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions. We, Us, Our, Insurer(s) means Certain Underwriters at Lloyd's. You, Your, Insured means the person(s) or parties shown as the Insured in the schedule.

COMPLETING THE PROPOSAL FORM

1. This application must be completed in full including all required attachments.
 2. If more space is needed to answer a question, please attach a separate sheet with details.
 3. The terms proposer, whenever used in this proposal form shall mean the insured listed and all subsidiary companies of the insured for which coverage is proposed under this proposal.
 4. The terms insured and subsidiaries have the same meaning in this proposal form as in the policy.
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YOUR DUTY OF DISCLOSURE

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- Reduces the risk We insure You for; or
- Is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

If You do not tell Us something

If You do not tell Us anything You are required to, 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.

PRIVACY STATEMENT

Batch value the privacy of Your personal information and We will ensure the handling of Your personal information is dealt with in accordance with the Privacy Act 1988 (Cth) and the relevant Australian Privacy Principles. Our full privacy policy can be accessed from Our website www.batchunderwriting.com.

When We provide insurance products and/or services, We ask you for the personal information We need to assess applications for insurance policies, to administer and manage insurance policies and to investigate and handle claims. This can include a broad range of information ranging from Your name, date of birth, address and contact details to other information about Your personal affairs including Your profession, financial affairs including financial statements, any criminal convictions or claims.

We may need to disclose personal information that You provide us to contractors, coinsureds, insurers and underwriters (who may be located overseas), lawyers, claims adjusters and others engaged by Batch to enable them to administer policies or handle claims. Regardless of the information shared, We will take all reasonable steps to ensure that the above parties protect Your information in the same way that We do.

Our Privacy Policy shown in the above link contains information about how You can access the information We hold about You, ask us to correct it, or make a privacy related complaint.

BATCH VOLUNTARY WORKERS GROUP PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance Policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access certain underwriters at Lloyd's Privacy Notice at <https://www.lloyds.com/help/privacy> and Batch's Privacy Policy at batchunderwriting.com.

All questions in this proposal form must be answered

YOUR DETAILS

Full Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
	STATE	POSTCODE	
	<input type="text"/>	<input type="text"/>	
ABN	<input type="text"/>		
Nature of Business	<input type="text"/>		
Business names / subsidiaries to be covered under this policy	<input type="text"/>		
Brokerage (if applicable)	<input type="text"/>		

PERIOD OF INSURANCE

	FROM	TO
Period of insurance	<input type="text"/>	<input type="text"/>

CLAIMS HISTORY

Does the Insured currently hold or has previously held any Personal Accident or Voluntary Workers Insurance Policy?	Yes	No
Has the Insured or any proposed Insured Person lodged any Personal Accident or Voluntary Workers claims in the last five (5) years?	Yes	No
Has the Insured been declined Personal Accident or Voluntary Workers Insurance in the past, or had restrictions imposed?	Yes	No

If Yes, please give all details and attach an up to date claims experience (Date of Loss, Nature of Loss, Amount, Reasons for Declinature)

INSURED PERSONS

Category	NSW	ACT	QLD	VIC	TAS	SA	NT	WA	OVERSEAS
Non Executive directors / Committee Members									
Voluntary Workers									
Nominated Persons									

Please advise number of Insured persons into the following age brackets:

Under 18	18-70	71-85	86-90	90+

What Activities will the Insured Persons be engaged in?

Will any Insured Person engage in Charter Flights?

Yes No

If yes please advise details below:

Aircraft	No Of Flights	Duration	Average No of Employees Any One Flight	Maximum No of Employees any one flight
Helicopter				
Fixed Twin				
Fixed Single				

BENEFITS REQUIRED

Benefit	Option 1 Sums Insured	Tailored Sum Insured (Please specify)
Death & Capital Benefits	\$100,000	
Weekly Accident Benefit	\$1,000	
Maximum % of Salary Payable	85%	
Excess (No of Days)	7 Days	
Benefit Period (No of Weeks)	104 Weeks	
Aggregate Limit of Liability	\$1,000,000	

Includes:

Domestic Help or Student Tutorial Benefits
Non-Medicare Medical Expenses

SCOPE OF COVER

Scope of Cover Voluntary Workers Work Experience

IMPORTANT INFORMATION

Privacy	I/We agree that, by submitting this form, the personal information I/we provide to Batch Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Batch Privacy Policy found at batchunderwriting.com , including for the processing of this PROPOSAL and providing me/us with cover.
General Insurance Code of Practice	Batch Underwriting Pty Ltd proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit www.codeofpractice.com.au .
Renewal Procedure	Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.
Declaration	I/WE HEREBY DECLARE AND WARRANT that the answers 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. This PROPOSAL and declaration shall be the basis of the contract between the Company and Myself/Ourselves and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

SIGNATURE OF INSURED

DATE (DD/MM/YY)

DECLARATION

I declare that:

- (a) I have read and understood the Important Notices set out in the Proposal.
- (b) I am authorised to complete and sign this declaration on behalf of all the applicants.
- (c) I confirm that the answers and statements in this Proposal are true and correct and I have not withheld any information which may affect the decision to accept this Proposal or the terms and conditions of any insurance provided.
- (d) I understand that if this Proposal is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- (e) I acknowledge that the particulars and statements contained in this Proposal shall form the basis of the contract should a Policy be issued.
- (f) I further acknowledge that Batch on behalf of the Insurer(s) may decline this Proposal.
- (g) I consent to Halo and the Insurer(s) collecting, storing, using and disclosing personal information as set out in the Privacy Statement. Where I have provided personal information on behalf of another person, I have complied with my obligations as set out in the Privacy Statement.
- (h) I understand that this insurance does not operate until Batch issues the Policy Schedule and the Premium has been paid (except for any cover provided under an interim contract of insurance).

NAME

TITLE

SIGNATURE

DATE (DD/MM/YY)

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