



ZURICH®

Zurich Contract Carer's Scheme

Proposal Form

Privacy

The National Privacy Principles, under the Privacy Act 1998, regulate the way in which private sector organisations like Zurich can collect, use, store and disclose your personal information.

We collect personal information about you in order to assess your request for insurance and to administer the policy. You can elect not to provide us with your personal information however we may then not be able to process your application for insurance, we may not be able to process your claim or you may breach your Duty of Disclosure.

In some circumstances, we may collect and/or disclose your personal information (other than sensitive information such as health information) to a third party such as your intermediary, our service providers and our business partners. A list of service providers and business partners that we may disclose your personal information to and for further information on our Privacy Policy, please refer to the Privacy link on our homepage www.zurich.com.au.

By providing us with your personal information, you consent to us disclosing your personal information for these purposes.

In most cases, at your request, we will give you access to the personal information we hold about you. In some circumstances we may charge a fee for giving you access, which will vary but will be based on our costs.

If you would like to find out more, you can contact us by telephone on 132 687 or email at Privacy.Officer@zurich.com.au or in writing to:

The Privacy Officer
Zurich Australian Insurance Limited
PO Box 677
North Sydney NSW 2059

Duty of Disclosure

Before you enter into this contract of insurance with us, the Insurance Contract Act 1984 requires you to tell us everything which you know, or could be reasonably expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms. The duty of disclosure is different depending on whether it is a new policy or not.

New Business

Where you are entering into this policy for the first time (that is, it is new business and is not being renewed, varied, extended or reinstated) you must tell us everything you know, or could be reasonably expected to know, in answer to the specific questions we ask. When answering our questions you must be honest.

Who needs to tell us

It is important that you understand that you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never being in force.

Renewals, variations, extensions and reinstatements

Once your policy is entered into and is no longer new business then your duty of disclosure to us changes. You are required before you renew, vary, extend or reinstate your policy, to tell us everything you know, or could be reasonably expected to know, which is relevant to our decision whether to renew, vary, extend or reinstate the contract of insurance and, if so, on what terms.

You do not have to tell us about any matter

- that diminishes the risk;
- that is of common knowledge;
- that we know or should know in the ordinary course of our business as an insurer; or
- which we indicate we do not want to know.

If you do not tell us

If you do not comply with your duty of disclosure we may reduce or refuse to pay a claim or cancel your policy. If your non-disclosure is fraudulent we may treat this policy as never being in force.

Important notice

Please note that the Professional Indemnity component of your cover is issued on a claims made basis.

This means that the policy responds to:

1. Claims first made against the Insured during the period of insurance and notified to Zurich during that period of insurance, provided that you were not aware prior to the policy inception of circumstances which would have put a reasonable person on notice that a claim may be made against you; and
2. If during the currency of the policy, you become aware of an occurrence which may give rise to a claim under the policy and during the period of insurance gives written notice to Zurich of such occurrence, any claim which may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a claim made during the period of this policy whenever such claim may actually be made.

When the policy expires, no new notification generally can be made on the expired policy even though the event giving rise to the claim may have occurred during the period of insurance.

No indemnity will be provided under this policy in respect of any claim arising out of circumstances of which you were aware at any time prior to policy inception and which would have put a reasonable person on notice that a claim may be made.

Completing this Proposal Form

1. This proposal form must be completed in full including any required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. Once you have completed this form, please sign the Declaration and return it back to Corporate Insurance Brokers Pty Ltd.
4. In completing this form, you should also be aware of Zurich's Privacy Policy and your Duty of Disclosure outlined above.
5. Please also ensure that you read and understand the Important Notice outlined above.
6. For full details of cover, please refer to the Product Disclosure Statement and Policy Wordings, which set out the Terms and Conditions of cover offered. These documents are available on Corporate Insurance Brokers website at www.cibb.com.au

1 General information

Proposed period of insurance

Period of insurance – From / / to **31 / 07 / 2010** at 4pm, local time

Personal information

Name

Male

Female

Date of birth / /

Street address

Town/Suburb

State

Postcode

Postal address

Town/Suburb

State

Postcode

Phone ()

Fax ()

Mobile

Email

Weight kilograms

Height centimetres

ABN

What proportion of this insurance premium are you claiming as an Input Tax Credit %

Name of entity you are contracted to

State

Note: Once your application has been accepted, confirmation of cover will be emailed to your state HR Manager.

1 General information (continued)

Duties / Experience

(a) Please specify your occupation and the duties that you perform including details of any advice given and/or services provided.

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(b) What, if any, qualifications to do you hold?

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(c) How many years have you been performing those duties?

(d) On average, how many hours per week do you perform these duties?

(e) On average, what is your weekly earning?

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Previous insurance history

Have you ever been charged with a criminal offence? Yes No

In the last five years, have you:

(a) had an insurer decline or cancel your insurance? Yes No

(b) not been offered a renewal by an insurer? Yes No

(c) had special conditions imposed on you by an insurer? Yes No

If 'Yes', to any of the above, please provide details

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Previous claims history

Please provide details of all claims and uninsured losses, damage or liability over the last five years

Cover	Insurer	Date of Notification / Loss	Description	Amount paid	Deductible paid
General and Products Liability					
Professional Indemnity					
Personal Accident					

Are there any facts or circumstances which you are aware of that may give rise to a claim or claims covered under these policies? If so, please provide details (including estimate of potential liability).

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2 General and Products Liability & Professional Indemnity Information

What were your earnings for the last financial year? \$

Please provide details of any professional indemnity insurance you have held over the last five years

Insurer	Expiry date	Limit of liability	Excess / Deductible

3 Personal Accident Information

In relation to your medical history

- (a) Are you currently suffering from, or as a result, of any injury or illness? Yes No
- (b) Are you currently taking any drugs and/or medication (whether prescribed or not)? Yes No
- (c) Have you been medically attended or treated in the past five years for any condition, injury, disease or illness (lasting over two weeks)? Yes No
- (d) Do you partake in hazardous pursuits or activities, such as but not limited to diving, piloting, motor sports, hang gliding? Yes No
- (e) Do you partake in sporting activities for which you receive payment? Yes No
- (f) Do you or have you smoked over the last 12 months? Yes No

If 'Yes', to any of the above, please provide details

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4 Policy summary

General and Products Liability Limit \$ **10,000,000**

Deductible \$ **5,000**

Professional Indemnity Limit \$ **1,000,000**

Excess \$ **5,000**

Personal Accident Part A – Accidental Death
Capital Benefit: \$250,000

Part B – Personal Accident
Weekly Benefit: Maximum \$600 per week, or 85% of your average weekly earnings, whichever is the lesser.

Declaration

I hereby declare that the statements and particulars in this proposal are true and that I have not misstated or suppressed any material facts. I agree that this proposal form, along with any other information supplied by me or the business, shall form the basis of any contract of insurance affected thereon. I undertake to inform Zurich of any material alteration to these facts, whether occurring before or after the completion of the contract of insurance.

Signature	Date
X	/ /

To finalise the proposal process, please ensure that you also complete the CIB Payment and Acknowledgement Form.