



PROPOSAL FORM

**Accident & Health  
Group Personal  
Accident & Sickness**

[libertyinternational.com/au](http://libertyinternational.com/au)



# Proposal form



## Important Notice

### **Duty to take reasonable care not to make a misrepresentation**

Whenever you interact with us in relation to this policy, you have a duty to take reasonable care not to make a misrepresentation.

This means you have an obligation to take reasonable care to be honest, accurate and complete in the answers to the questions we ask you, including questions which may relate to anyone else to whom this insurance applies.

If you make a misrepresentation, we can exercise any available legal rights against you, including refusing or cancelling your policy, or reducing our liability in respect of any claims.

If you are unsure about any question(s) we ask you, please tell us or discuss these with your insurance broker.

### **Target Market Determination**

Our Target Market Determination, available on the Target Market Determination page on [our website](#) or from the insurance broker who arranged this insurance for you, may assist you to understand the class of retail clients for whom this policy has been designed.

Or [click here](#) to take you straight to the TMD applicable to this policy.

# Proposal form



## 1. HOW TO FILL OUT THIS FORM

Please ensure you answer all questions. Any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured organisation or company (list all entities to be insured):

ABN of first entity

Address of insured

Suburb

State

Postcode

Period of cover

from

to

### **Business Activities**

Describe main activities or type of business, including details of any overseas exposure:

Has the insured had a group personal accident claim in the last five years, or been declined this kind of insurance before or are currently bankrupt, insolvent or in receivership?

Yes

No

If yes, please complete details on page 8, or attach claims report from your previous insurer(s) or attach further information.

Is the insured involved in the coal, cannabis or weapons/ammunitions industries?

Yes

No

Will the insured be involved in projects that may include:

Oil sands

Yes

No

Oil and/or gas construction

Yes

No

Fracking; or

Yes

No

Projects in protected or indigenous areas

Yes

No

Is the insured involved in litigation funding?

Yes

No

If yes, please provide details below:

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## Operative time

Please select which operative time is required:

- a. 24 hours, 365 days
- b. Working hours only
- c. Working hours only with journey
- d. Outside of working hours with journey
- e. Voluntary workers (go to page 5)
- f. Journey (go to page 6)
- g. Education (go to page 7)

Complete this table below only for operative time - a, b, c, or d above

Class	Type	Definition	Number of people to be covered
Class 1	White collar	Professional, managerial, or administrative who do not perform any manual work.	
Class 2	Light blue collar	Skilled technicians and proprietors involved in light manual work. Also includes supervisors of blue-collar workers.	
Class 3	Blue collar	Manual workers and machinery operators who are not exposed to high-risk accidents or hazards.	
Class 4	Heavy blue collar	Manual workers and machinery operators exposed to high-risk accidents and health hazards.	
Class 5	Hazardous activities	These are jobs exposed to extreme risks and hazards	

What is the average age of the persons to be covered?

What is the total wage roll of the persons to be covered?

\$

## Benefits required for operative time - a, b, c or d

	Death and Capital Benefits					
	Benefits required			to a maximum of \$		
	Loss of income					
	Weekly injury			Weekly sickness (category A only)		
	\$		pw	\$		pw
Excess period	7 days	14 days	21 days	7 days	14 days	21 days
Benefit period	52 weeks	104 weeks	156 weeks	52 weeks	104 weeks	156 weeks
	Aggregate limit of liability					
	Any one occurrence			Non-scheduled flying (refer page 8)		
	\$			\$		

# Proposal form



## Voluntary workers

How many volunteers do you have in total?

On average how many hours do they complete voluntary work per week per month or per year

How many volunteers would be completing voluntary work at any one time?

### Benefits required

Death and capital benefits	Weekly injury				
Choose one option below	Loss of income \$ <span style="float: right;">per week</span>				
x salary to a maximum of \$	Excess period	7 days	14 days	21 days	
Flat sum insured	Benefit period	52 weeks	104 weeks	156 weeks	
\$100,000    \$150,000    \$200,000    \$250,000	<b>Percentage payable</b>		<b>Excess</b>		
\$2,500    \$5,000	90%	100%	Nil	\$50	\$100

#### Aggregate limit of liability

Any one occurrence	\$1,000,000	\$2,000,000
Non-scheduled flying (refer page 8)	\$250,000	\$500,000

Do you require cover for work experience students, or personnel on employment and training programs? Yes No

If yes, how many work experience students do you require cover for?

How many employment or training program persons do you require cover for?

### Benefits required for students or employment/training programs if different to those noted above

Death and capital benefits	Weekly injury				
Choose one option below	Loss of income \$ <span style="float: right;">per week</span>				
x salary to a maximum of \$	Excess period	7 days	14 days	21 days	
Flat sum insured	Benefit period	52 weeks	104 weeks	156 weeks	
\$100,000    \$150,000    \$200,000    \$250,000	<b>Percentage payable</b>		<b>Excess</b>		
\$2,500    \$5,000	90%	100%	Nil	\$50	\$100

#### Aggregate limit of liability

Any one occurrence	\$1,000,000	\$2,000,000
Non-scheduled flying refer page 8)	\$250,000	\$500,000

# Proposal form



## Journey

Number of employees by state

State/Territory	Full time employees	Part time employees (if applicable)
ACT		
New South Wales		
Northern Territory		
Queensland		
South Australia		
Tasmania		
Victoria		
Western Australia		
Is cover required in all states/territories	Yes	No
If no, in which states/territories do you require cover?		

## Benefits required

Death and capital benefits				Weekly injury			
Choose one option below				Loss of income \$			
x salary to a maximum of \$				per week			
Flat sum insured				Benefit period			
\$100,000	\$150,000	\$200,000	\$250,000	7 days	14 days	21 days	21 days
				52 weeks	104 weeks	156 weeks	156 weeks
<b>Aggregate limit of liability</b>							
Any one occurrence				\$1,000,000	\$2,000,000		
Non-scheduled flying refer page 8)				\$250,000	\$500,000		

# Proposal form



## Education

Number of insured persons

Insured persons	Number
Teachers	
Students	
Voluntary Workers	
Other – please describe	

## Benefits required

Death and capital benefits				Weekly injury			
Choose one option below				Loss of income \$ per week			
\$100,000	\$150,000	\$200,000	\$250,000	Excess period	7 days	14 days	21 days
Fractured bones				Benefit period	52 weeks	104 weeks	156 weeks
\$2,500	\$5,000	\$7,500					
Non-Medicare medical expenses				Percentage payable		Excess	
	\$2,500	\$5,000		90%	100%	Nil	\$50 \$100
<b>Aggregate limit of liability</b>							
Any one occurrence			\$1,000,000	\$2,000,000			
Non-scheduled flying refer page 8)			\$250,000	\$500,000			

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## Non-scheduled flying

If you require cover for non-scheduled flying, please complete the following:

Type of aircraft	Number of return flights	Average duration	Average number of employees any one flight	Maximum number of employees any one flight
Helicopter flights – overseas				
Fixed wing twin engine flights – overseas				
Fixed wing single engine flights – overseas				
Helicopter flights – Australia				
Fixed wing twin engine flights – Australia				
Fixed wing single engine flights – Australia				
Helicopters – oil rigs				

**Total**

Where are flights to and from and detail type of tarmac:

To	From	Tarmac

Does this include fly in/fly out? Yes    No

If yes, please provide separate details of rosters/swings, number of persons, number of trips, destinations and duration:

Have you ever had any losses for this type of insurance, regardless of whether you were insured or not? Yes    No

If yes, please provide details:

Date of loss	Details of the loss	Amount (\$)

If you have additional losses, please attach a full listing from your previous insurer(s).

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## 2. DECLARATION

I, \_\_\_\_\_, the undersigned, declare and acknowledge as agent of the Insured:

1. I am authorised as agent of the Insured to complete this proposal;
2. that after enquiry of the Insured, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, are true and correct and that until a contract of insurance is entered into, the Insured is aware that it is obliged to inform Liberty of any changes to any information supplied;
3. that after enquiry of the Insured, the Insured understands Liberty relies on the accuracy of the information and documentation supplied proposing for this insurance;
4. that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance;
5. that after enquiry of the Insured, the Insured have read and understood the Important Notices which form part of this proposal; and
6. that we understand that no insurance is in force until a contract of insurance is entered into, which is upon the proposers' acceptance of an offer by Liberty, if any.

Signature

Date

Name (please print)

### Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: [privacy.officer.ap@libertymutual.com](mailto:privacy.officer.ap@libertymutual.com). If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).