GROUP APPLICATION FORM

point INSURANCE
next gen ACCIDENT & SICKNESS

DETAILS OF THE APPLICANT

Name of Insured: _____

Business Address: _____ State: _____

Nature of Business: _____

Description of Duties: _____

Number of Employees: _____

POLICY INFORMATION & BENEFITS

Period of Insurance From: _____ To: _____

What is the total Wageroll to be covered? $ _____

Age limits required _____

Scope of Cover

- ☐ 24 hour cover
- ☐ Outside Working Hours
- ☐ Working Hours Only
- ☐ Journey Cover

Benefits Required

Death & Capital Benefits $ _____

Weekly Benefits $ _____

Excess Period ☐ 7 ☐ 14 ☐ 21 ☐ 28 days or Other? _____

Benefit Period ☐ 52 ☐ 104 weeks

Aggregate Limit of Liability $ _____

Other _____

GENERAL QUESTIONS

Is the risk currently insured?

- ☐ Renewal
- ☐ New Business – insured elsewhere
- ☐ Not insured

If the risk is currently insured, have there been any claims against the policy in the last three (3) years?

- ☐ If yes – provide claims history asdasd
- ☐ No

DECLARATION

The undersigned declares that the statement and particulars in this Proposal Form are true that no material facts have been misstated or suppressed.

The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the 'Privacy Collection Statement' on the last page of this application.

The undersigned acknowledges that they have read the Product Disclosure Statement, policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage. The undersigned also acknowledges that they have read the Target Market Determination and considers that they comprise a part of the target market for this insurance.
The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Full Name _____

Position _____

Signature _____

Date _____

IMPORTANT NOTICES

Note: **Signing this proposal form does not bind the proposer or the insurer to complete this insurance.**

Product Disclosure Statement:

Please refer to the Product Disclosure Statement (PDS) for further information about the terms and conditions of the policy. The purpose of the PDS is to help you understand the cover offered under the policy and provide you with sufficient information to enable you to make an informed decision about whether to purchase this policy.

Target Market Determination - Design and Distribution Obligations

Point's Target market Determination (TMD) for this product is available on our website ***www.pointinsurance.com.au/insurance-disclosure-documents/*** from 5 October 2021 to ensure compliance with Pt 7.8A of the Corporations Act 2001 (Cth) and supporting regulations.

IMPORTANT NOTICES

Your Duty of Disclosure

This policy is a consumer insurance contract.

When answering questions in this Proposal Form, you have a duty to take reasonable care not to make a misrepresentation to us.

You and other insured person(s) must answer questions we ask at the time of application and at renewal with relevant and complete information and you must not misrepresent any information that you give to us. You have the same duty in relation to anyone else whom you want to be covered by the policy.

If you fail to comply with your duty, and we would not have issued the policy for the same premium and on the same terms and conditions, we may be entitled to reduce our liability under the policy in respect of any claim or we may cancel the policy.

If your failure to comply with your duty is fraudulent, we may refuse to pay a claim and treat the policy as never having been in existence.

Privacy Collection Statement

We are bound by the Australian Privacy Principles (APPs) under the Privacy Act 1988 (Cth) and comply with that Act.

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies).

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at ***enquiries@pointinsurance.com.au*** or access it via the '***Privacy Policy***' link on our website.

Further Information

If you require any further information in relation to filling out this proposal or in relation to your insurances, please contact your Insurance Broker, as they are your agent for this insurance.