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| APPLICATION FOR INDIVIDUAL PERSONAL ACCIDENT & ILLNESS INSURANCE |

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| **Insured Name:** |  | | | |
| **Date of Birth:** |  | | | |
| **Address:** |  | | | |
| **Occupation:** |  | | | |
| **Telephone:** |  | | | |
| **Email:** |  | | | |
| **Preferred Insurance Policy Period:** | **From** | **To** | | |
| **Are you a member in good standing with the Pilates Alliance Australasia (PAA)?** | | | Yes | No |
| **PAA Membership Number:** | | |  | |

Disclosure Statements

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| **1.** | Have you lodged any Personal Accident, Illness or WorkCover claims in the last five (5) years? | Yes | No |
| If you answered “**yes**” to any of the above questions, please provide details of each incident/event/claim and cirmustances including all of the following:  Date, Insured Name, Condition, Amount incurred and any other material information. | | | |

***NOTE: Based on the answers to the above questions, your request for a quote may need to be reviewed by the insurer and additional information may be required to assess your eligibility for cover.***

INDIVIDUAL PERSONAL ACCIDENT & ILLNESS QUOTATION

**\*\*\*This policy provides no cover for pre-existing medical conditions\*\*\***

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| **Option** | Death & Capital Benefits Coverage | Weekly Sickness and Accident Benefit | Benefit Period | Excess |
|  | $100,000 | 85% of salary up to $1,000 | 104 Weeks | 7 Days |
|  | $200,000 | 85% of salary up to $2,000 | 104 Weeks | 7 Days |
|  | $300,000 | 85% of salary up to $3,000 | 104 Weeks | 7 Days |

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| |  |  | | --- | --- | | Duty of Disclosure **Your Disclosure**  Before you enter into an insurance contract with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose information to the insurer. The Duty of Disclosure applies until the insurer agrees to insure you or renew your insurance. The Duty of Disclosure also applies before you extend, vary or reinstate your insurance. You must tell the insurer all information that is known to you, that a reasonable person could be expected to know or that is relevant to the insurer’s decision to insure you and on what terms. You do not need to tell the insurer anything:   * that reduces the risk it insures you for; * is common knowledge; * that the insurer knows or should know; or * which the insurer waived your duty to tell it about.   **Non-Disclosure**  If you fail to comply with your Duty of Disclosure, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. Declaration I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.  If you are unsure of your coverage requirements please contact BMS, a senior broker will be available to answer your questions during regular business hours. | | | Signed by: | Position: | | Date: |  | | Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. | |   **BMS Risk Solutions Pty Ltd (BMS Group)**  Level 3, 360 Little Collins Street  Melbourne VIC 3000  Phone: 1800 940 764  Email: pilatesaa@bmsgroup.com |