

FEDERAL PACIFIC INSURANCE LIMITED

PERSONAL ACCIDENT

PROPOSAL FORM

Agent:

Policy Number:

--	--	--	--	--	--	--	--	--	--

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose include:

- Anything that increases the risk of an insurance claim.
- Any criminal record
- If another insurer has cancelled or refused to renew insurance or has imposed special terms.
- Any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- Anything that reduces the risk of an insurance claim.
- Anything we say you do not need to tell us about.
- Anything that is common knowledge.
- Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

WHEN IN DOUBT - DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

NOTE:

The completion of this form is to enable Federal Pacific Insurance Limited (FPI) to establish the nature of the proposer's operations, the extent of cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FPI to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and the approval of FPI.

Period of Insurance

From

to

at 4pm

SCHEDULE OF COVER

Insured Person

Full Name(s):			
Telephone:	Fax:	Mobile:	Email:
Address/Village:			
Principal Occupation:		How long?	
Usual hours worked per week:		Employer:	
Date of birth:	Height:	Weight:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>

Result

Result 1 - Death	\$
Result 2 - Permanent disablement as per the Policy Benefits and Table of Events	\$

DETAILS OF INSURED PERSON

Occupation

1. What are your duties? Please give full details (e.g. type of manual work, type of office duties, etc).

2. Are you employed under contract? No Yes > If "Yes", please give details.

3. What professional or trade qualifications(s) do you have?

4. Do you have a second job? No Yes > If "Yes", please give details.

5. Are you self-employed? No Yes > If "Yes", for how long?

6. Do you work from home? No Yes > If "Yes", please advise percentage of time at home:

 %

Income

1. What were your average gross earnings per week from all sources over the past 12 months, or what would they have been if you had worked continuously over the past 12 months?

 \$

2. If you become disabled would your gross earnings per week continue? No Yes > If "Yes", for how long?

Insurance History

1. Have you ever claimed for benefits available to you from any source due to any accident or sickness? No Yes

2. Do you have, or are you applying for, any other Income Protection Insurance? No Yes

If you answered "Yes" to either question 1 or 2 immediately above, please give details below and/or on a separate page.

Medical History

1. Have you ever had, suffered from, or been treated for: any mental disorder; disorders of the nervous, circulatory, respiratory, digestive or genito-urinary systems; abnormal blood pressure; cancer arthritis; rheumatism or back/spine complaints; tuberculosis; hernia; varicose veins; diabetes; paralysis or heart disease? No Yes

2. Have you ever had, suffered from, or been treated for any health condition or injury not already mentioned? No Yes

3. Are you currently suffering from, or receiving treatment for, any illness, disability, chronic or recurrent medical condition or complaint, or have you any physical defect, disability or impairment? No Yes

4. Have you ever had or received advice, or treatment for, alcoholism or drug dependence of any kind? No Yes

5. Have you ever used or injected yourself with any drug not prescribed by a doctor? No Yes

6. Have you ever been on a programme of drugs, pills or other medication? No Yes

7. Do you smoke? No Yes > If "Yes", state type and quantity per day:

Type:	Quantity:
-------	-----------

Have you ever smoked? No Yes > If "Yes", when did you last smoke any form of tobacco and why did you stop smoking?

--

8. (a) Have you ever had any disorder relating to menstruation or pregnancy? No Yes

(b) Are you pregnant? No Yes > If "Yes", expected date of delivery:

If you answered "Yes" to any of questions 1 to 6 and 8(a) above, please give details below and/or on a separate page.

--

Professional Sports / Hazardous Activities

1. Have you, within the last two years, engaged in or do you intend to engage in, any professional sports or hazardous activities, such as flying any form of aircraft, motor car or cycle racing, motor boat racing, diving, sky diving, hang-gliding or parachuting?

No Yes

2. Do you intend to travel overseas on business, pleasure or military service?

No Yes

If you answered "Yes" to questions 1 or 2 above, please give details.

Authority

To: Doctor

Address:

I authorise you to give to Federal Pacific Insurance Limited any medical information you have regarding me.

Insured Person's signature:

Date:

ON BEHALF OF APPLICANTS

I agree that:

1. MATERIAL FACTS

- (a) All information given to FPIL (whether oral or written is true and correct:
- (b) All material facts have been disclosed (see "your Duty of Disclosure")

2. TERMS OF POLICY

The terms of FPIL policy are accepted

3. AGENCY

Anyone who assists me to complete this Application Form is acting as my agent only.

PLEASE NOTE:

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, we may decline your application.
- This information is held by us and you may access it. It may be passed on to other insurers you deal with, and mortgagees, etc.

1. Signature	/	/
Full Name	Position/Title	Date
2. Signature	/	/
Full Name	Position/Title	Date