

# Invitation to re-apply - Voluntary Workers



QBE Insurance (Australia) Limited ABN 78 003191 035 AFSL 239 545

Please send the completed form to [underwriting@qbe.com](mailto:underwriting@qbe.com)

The applicant			
Name of Insured			
Policy number		Expiry date (dd/mm/yyyy)	
Name of intermediary			
<p>This Policy will expire at 4.00pm on the date shown above. If you would like to take out another policy with us which starts immediately after this one expires, please complete this application and send it to us more than 21 days prior to the expiry date.</p> <p>We will send you an offer for a new policy once we have received and assessed your application form.</p>			

Required Information - Please advise of any changes in exposure or coverage. If no changes, write "no change".			
Please provide indication of amount of work undertaken by voluntary workers (on average):			
How many voluntary workers in total are there?		volunteers	
How many days of voluntary work are undertaken per annum?		days	
How many hours per day are worked, on average?		hours	
Please indicate the nature of Voluntary Work usually performed - write "yes" or "no":			
Administration and office work			
Collection Days/ Button Days/ Door appeals/ Barbecues/ Picnics			
Adult or Child Supervision/ Light gardening/ Light maintenance			
Building Projects/ Demolition/ Working Bees/ Cleaning		If "Yes", estimate value of the project (\$)	
Other (please describe in detail)			

Policy Limits - Please advise of any changes in Policy limits. If no changes, write "no change".	
Capital Benefit, Weekly Benefit, Benefit Period, Deductibles, Aggregate Limits, etc.	
Any additional comments	

If you are not completing this form 'electronically' and you have insufficient space to complete your answers, please attach detailed information on a separate sheet.

Have you ever claimed on this Class of Insurance during the last 5 years?      Yes      No  
 If "Yes", please give details

**Benefits selected**

**Section A - Capital Benefits**

Capital Sum Insured \$		
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**Section B - Weekly Benefits - Injury**

Weekly Benefit \$		Benefit Period (weeks)		Excluded period of claim (days)	
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**Section D - Injury Assistance Benefit (included if Section B selected)**

Home Help, Childminding, Home Tutorial, travelling and the like			Weekly Benefit \$	
Compensation	<b>75% of actual expenses incurred</b>		Benefit Period	<b>26 weeks</b>
Excluded period of claim (days)				

**Optional Benefit**

Non Medicare Medical Expenses	Limit \$		(Maximum Limit \$5,000)	
Compensation	75% of non medicare medical expense incurred		Excess \$	

Note: This benefit is only available to voluntary workers who are without payment providing services to an Applicant who is:

- an educational, religious, charitable or benevolent organisation; or
  - a voluntary organisation engaged in youth activities; or
  - while the person is travelling to or from the place where those services are provided;
- as defined under the Private Health Insurance Act 2007 (Cth).

Time of Operation of Cover	Aggregate Limit of Liability	
Please choose one:	Sections A,B & D \$	
Engaged in Voluntary Work including travel to and from such work	Chartered Aircraft	\$ 250,000
or	Light Aircraft	\$ 250,000
Engaged in Voluntary Work excluding travel to and from such work	Helicopter	\$ 250,000

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at [www.qbe.com.au/privacy](http://www.qbe.com.au/privacy), or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

## Declaration and signature

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Voluntary Workers Policy QM182.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Signature of applicant(s)



Position held



Date



## Office use only

Premium \$

GST \$

Government Stamp Duty \$

TOTAL amount payable \$

+

+

=

Accepted by

Authorisation number

Scope of cover

Clause codes

Wording: QM182