



Sport Injury Insurance Application

Policy No.		Client No.		Intermediary No.	
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Please return the completed form to your financial services advisor. Email: underwriting@qbe.com

The applicant/s											
Name of Club/Association											
Tax Status		Registered Business			Yes	No	ABN		Taxable %		
Postal Address											
							State		Postcode		
Type of Sport					Total Number of Players						
Total Number of Coaches					Total Number of Voluntary Workers						
Period of Insurance <i>(dd/mm/yyyy)</i>		From				to				at 4 p.m.	
Have you had any insurance declined or cancelled, or had special terms imposed by an insurer?										Yes	No
If "Yes", please give details											
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		Section B - Weekly Benefits - Injury	
Benefit Amount	\$	Weekly Benefit	\$
		Excluded period of claim <i>(days)</i>	
Section C - Injury Assistance Benefit		Section D - Non Medicare Medical Expenses	
75% Non Medical Related Expenses	\$	Non Medicare Medical Expenses Section	\$
75% Home Tutorial Expenses	\$	Deductible	\$
Deductible	\$		
Aggregate Limit of Liability	\$		

Privacy

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, 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 am/We are authorised to apply for this insurance on behalf of the applicant
2. I/We have received a copy of the Sports Injury Policy QM360 Policy Terms and Conditions.
3. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
4. I/We authorise QBE 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 the applicant mine including this completed application and the applicant's insurance claims history and my credit history.

Signature of authorised
officer of applicant

X

X

Position Held

Date (dd/mm/yyyy)

Office use only

Premium \$

GST \$

Government Stamp Duty \$

TOTAL Amount Payable \$

+ + =