



Journey Insurance Application

Please return the completed form to underwriting@qbe.com

Policy No.		Client No.		Intermediary No.	
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The applicant/s					
Name(s) in full					
Tax status	Registered business	Yes	No	ABN	Taxable %
Postal address					
				State	Postcode
Description of business					
Period of insurance <i>(dd/mm/yyyy)</i>	From		to		at 4 p.m.
Number of insured persons to be covered per state	ACT		SA		
	NSW		TAS		
	NT		VIC		
	QLD		WA		
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		Aggregate limit of liability	
Benefit amount \$		Weekly benefit \$		Sections A & B \$	
		Benefit period <i>(weeks)</i>		Chartered aircraft \$	
		Excluded period of claim <i>(days)</i>		Light aircraft \$	
				Helicopter \$	
Example: Capital benefit - \$100,000 Weekly benefit - Injury - \$1,000 Benefit period - 104 weeks Excluded period of claim - 7 days					

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/We have received a copy of the Journey Insurance Policy QM206.
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 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)

X

X

Position held

Date (dd/mm/yyyy)

Office Use Only

Premium \$

GST \$

Government stamp duty \$

Total amount payable \$

+

+

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