

# Voluntary Workers Insurance Application



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

Please return the completed form to your financial services provider. Email: [underwriting@qbe.com](mailto:underwriting@qbe.com)

<b>Policy number</b>		<b>Client number</b>		<b>Intermediary number</b>	
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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 (dd/mm/yyyy)	From		to		at 4 p.m.

## Please provide indication of amount of work undertaken by voluntary workers (on average):

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)		

**The applicant/s (continued)**

Have you had any insurance declined or cancelled, or had special terms imposed by an insurer? If "Yes", please give details	Yes	No

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

**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

## 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](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