

Individual Injury/Illness for Licensed Jockeys Insurance Application

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



Details of the applicant									
Your name									
Postal address							State		Postcode
Contact number(s)		Private phone No.				Business No.			
		Fax No.				Email			
Date of birth			Height		cm	Weight		kg	
Sex		Male		Female		Are you a smoker? No Yes			
Please confirm category of employment: Employee Self Employed Working director									
Your secondary occupation (part time Jockeys)									
Describe your duties									
Are you a permanent resident of Australia? No Yes									
Will you be working outside of Australia at any time during the policy period? No Yes If 'Yes', please give details: (ie where, when, period and duties)									
Name and address of employer or business									
							State		Postcode
Period of insurance	From				to				

Earnings			
Please refer to the definition of Earnings in the policy and complete the following:			
If you are an employee		If you have a secondary occupation and you are a self employed person or a working director	
Gross weekly income	\$	Average weekly gross income	\$
Less overtime, bonuses, commission and allowances	\$	Less expenses incurred in earning your income, other than Fixed Business Expenses* <small>*Note: Definition of Fixed Business Expenses is contained in policy wording</small>	\$
Net weekly earnings	\$	Net weekly earnings	\$

Benefits required				
Type of cover	24 Hours (365 days)			
Sum insured				
Weekly benefit - injury	\$300	\$500	\$700	\$1,000
Weekly benefit - illness	\$300	\$500	\$700	\$1,000
Benefit period	52 Weeks			
Excluded period of claim	14 days	28 days		

Insurance details			
Are you entitled to claim benefits from Workcover?	No	Yes	
Are you entitled to claim benefits from any other existing or intended injury or illness insurance Policy?	No	Yes	
Have you ever had any policy or application for injury or illness or disability insurance declined, modified, accepted at an increased premium, cancelled or refused renewal?	No	Yes	
Have you ever claimed benefits from Workcover?	No	Yes	
Have you ever claimed benefits under any injury or illness insurance Policy?	No	Yes	
If the answer is 'Yes' to any of the above questions concerning other insurance or past claims, you must provide the following details before your application can be considered:			
Other insurance - details of insurer, policy type and current benefits:			
Past claims - you must provide the following details for each claim before your application can be considered:			
Date of injury			
Diagnosis of attending medical practitioner: Please provide specific details of injury or illness for example "incomplete fracture of the right tibia"			
Did you undergo surgery?	No	Yes	If 'Yes', please provide details:
Were you unable to work for a period of more than 7 days?	No	Yes	If 'Yes', how many weeks were you unable to work?
			Weeks

If there is insufficient space to detail all claims, please attach on a separate sheet.

Medical details		
Have you in the last 10 years received treatment or advice from a Registered Medical Practitioner (including but not limited to a doctor, chiropractor, physiotherapist, psychiatrist or naturopath) in relation to:		
Heart, arteries, high cholesterol or high blood pressure or disorders of the circulatory system?	No	Yes
Lungs, asthma, tuberculosis or disorders of the respiratory system?	No	Yes
Kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system?	No	Yes
Brain, Epilepsy or disorder of the central nervous system?	No	Yes
Stomach, oesophagus or disorders of the digestive system?	No	Yes
Head, back, neck or spine or any disorder of the musculoskeletal system?	No	Yes
Depression, psychological, psychiatric or personality disorder?	No	Yes
Drug or alcohol dependence?	No	Yes
Cancer or tumour?	No	Yes
Diabetes?	No	Yes
HIV, AIDS or AIDS related conditions?	No	Yes
Any Disorder of the Eyes or Ears?	No	Yes
Hepatitis?	No	Yes
Any hernia or associated condition?	No	Yes

Medical details (Continued)

Ulcers?	No	Yes
Arthritis or rheumatism?	No	Yes
Physical impairment or deformity?	No	Yes
If the answer is 'Yes' to any of the above, please provide details as to the nature of the illness or injury and the treatment or advice given, including: when identified and treated, duration, cause, nature of treatment, current condition, name and addresses of doctors and hospitals consulted (if there is insufficient space, please attach details).		
Do you currently have any symptoms of ill health or injury? (Note: It is not necessary to answer 'Yes' if only for colds or flu) No Yes If 'Yes', please provide details below:		
Are you taking any prescription medications? (Note: It is not necessary to answer 'Yes' if only for colds or flu) No Yes If 'Yes', please state name of medication, dosage (if known) and the condition it is treating:		

Activity details

Other than horse riding, do you participate in any hazardous pursuits or activities, including but not limited to motor sports in any form, rock climbing or mountaineering, water skiing, snow skiing, snow boarding, canyoning, motor cycling, parachuting, abseiling, kite surfing, mountain biking, scuba diving, football of any code or any other body contact sports? No Yes If 'Yes', please provide details:

Duty of disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. The Act requires that before a Policy is entered into, you must give us certain information we need to decide whether to insure you and anyone else to be insured under the Policy, and on what terms. Your Duty of Disclosure is different, depending on whether this is a new Policy or not.

New business

Where you are entering into this Policy for the first time (that is, it is new business and is not being renewed, varied, extended or reinstated) you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the specific questions we ask.

When answering our questions you must be honest.

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the Policy as never having worked.

You do not have to tell us about any matter:

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

If you do not tell us

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.com.

Declaration and authorisation

1. I have received a copy of the combined PDS and Policy Terms and Conditions.
2. I declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I 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

X

Date

Office use only

	Premium		
Total Premium	\$	Occupational Code	
GST	\$	Class	
Government Stamp Duty	\$	Part Time	
Total Amount Payable	\$	Secondary Occupation	
Accepted by		Authorisation No.	
Special attention		Replaced Policy Number	
Clause codes			

Please return your completed and signed application to Marsh by **Email:** sport@marsh.com **Phone:** 1300 130 373