

Directors Personal
Accident and Sickness**HOW TO FILL OUT THIS FORM**

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

Your Details:

Full Name of the Insured

Address

State

Postcode

ABN

Nature of Business

Names of Insured Persons to
be covered under this policy

Brokerage (if applicable)

Claims History

Have you previously been insured for this type of risk? Yes No

If Yes, please give any claim details and attach an up to date claims experience

Date of Loss, Nature of Loss, Amount

Benefits required:**Please select either Option 1 or Option 2**

Option 1	Sums Insured	Option 2	Sums Insured
Death & Capital Benefits	\$200,000	Death & Capital Benefits	\$400,000
Weekly Accident and Sickness Benefits	\$2,000	Weekly Accident and Sickness Benefits	\$4,000
Deferral Period	Nil	Deferral Period	Nil
Benefit Period	104 weeks	Benefit Period	104 Weeks
Aggregate Limit of Liability	\$2,000,000	Aggregate Limit of Liability	\$4,000,000

Directors Personal Accident and Sickness

Directors Activity

1. No. of Clerical Directors
2. No. of Non-Clerical Directors
3. Maximum number of directors

* A Clerical director is one that is 80% office bound.

Period of insurance

From:

To:

Important information

Privacy

I/we agree that, by submitting this form, the personal information I/we provide to Accident & Health International Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the [AHI] Privacy Policy found at ahiinsurance.com.au, including for the processing of this application and providing me/us with cover.

General Insurance Code of Practice

AHI proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry. For further information on the Code, please visit www.codeofpractice.com.au.

Renewal Procedure

Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

Declaration:

I/WE HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I/We have not withheld any information within My/Our knowledge likely to affect the decision of the Company as to My/Our eligibility for Insurance. This application and declaration shall be the basis of the contract between the Company and Myself/Ourselves and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

Signature of Insured

Date