

## APPLICATION FOR PERSONAL ACCIDENT & ILLNESS INSURANCE

Full Name:			
Name of Insured Entity			
Principal Address:			
City:	State:	Postal Code:	
Telephone:			
Email:			
Period of Insurance Required:	From	To	

Are you a member in good standing with the International Institute for Commentary Therapists (IICT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IICT Membership Number:	

### DISCLOSURE QUESTIONS

2. Do you or any of the proposed insured persons require cover for any hazardous activities or pursuits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you or any of the proposed insured persons have any pre-existing medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you or any of the proposed insured persons ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genile-urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you or any of the proposed insured persons lodged any Personal Accident, Illness or WorkCover claims in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you or any of the proposed insured persons ever been declined accident, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any of the above questions, please provide details:

**NOTE: Based on the answers to the above questions, your request for a quote may need to be reviewed by the insurer and additional information may be required to assess your eligibility for cover.**

## INDIVIDUAL PERSONAL ACCIDENT & ILLNESS QUOTATION

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Height (cm)		Weight (kg)
Occupation		Nature of Activities

## GROUP PERSONAL ACCIDENT & ILLNESS QUOTATION

	Person 1	Person 2	Person 3
Full Name			
Gender			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth			
Height (cm)			
Weight (kg)			
Occupation			
Nature of Activities			

**NOTE: If additional persons require cover, please provide additional details on separate addendum to this document.**

## Fees & Statutory Charges

The following fees & Statutory Charges apply:

<b>Professional Service Fee</b> (Incl 10% GST)
\$55.00

<b>GST</b>
10%

State	Stamp Duty Rate (Calculated on Base Premium + GST)
ACT	0%
NSW / QLD	9%
VIC / NT / TAS / WA	10%
SA	11%

### How to Calculate Your Total Premium

#### Worked Example:

A business in VIC with 2 insured persons

<b>Base Premium</b>	<b>\$500.00</b>
<b>+ GST (10%)</b>	<b>\$ 50.00</b>
<i>Subtotal</i>	\$550.00
<b>+ VIC Stamp Duty (10%)</b>	<b>\$ 55.00</b>
<i>Subtotal</i>	\$605.00
<b>+ Service Fee</b>	<b>\$ 55.00</b>
<b>Total Payable</b>	<b>\$660.00</b>

## Duty of Disclosure

### Your Disclosure

Before you enter into an insurance contract with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose information to the insurer. The Duty of Disclosure applies until the insurer agrees to insure you or renew your insurance. The Duty of Disclosure also applies before you extend, vary or reinstate your insurance. You must tell the insurer all information that is known to you, that a reasonable person could be expected to know or that is relevant to the insurer's decision to insure you and on what terms. You do not need to tell the insurer anything:

- that reduces the risk it insures you for;
- is common knowledge;
- that the insurer knows or should know; or
- which the insurer waived your duty to tell it about.

### Non-Disclosure

If you fail to comply with your Duty of Disclosure, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## Declaration

I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

If you are unsure of your coverage requirements please contact BMS, a senior broker will be available to answer your questions during regular business hours.

Signed by:

Position:

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Date:

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Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued.

### **BMS Risk Solutions Pty Ltd (BMS Group)**

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Melbourne VIC 3000

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