

Insurance

AOBIS Owner Builder Personal Accident Insurance

A P P L I C A T I O N F O R M

Application Form

AOBIS Owner Builder Personal Accident Insurance

Important Information

Form completion

Please answer all questions. Please tick () appropriate boxes and provide details as requested. If there is not enough space provided to answer a question please complete your answer on a separate sheet of paper and attach it to the Application Form.

Your Duty of Disclosure

Prior to entering into a contract of general insurance You have a duty to disclose certain information. You have the same duty to disclose prior to renewing, extending, varying or reinstating a general insurance contract.

What You must tell Us

When answering our questions, You must be honest and You have a duty under law to tell Us anything known to You, and which a reasonable person in the known circumstances would include in answer to the question. We will use the answers in deciding whether to insure You and anyone else to be insured under the Policy, and on what terms.

Who needs to tell Us

It's important that You are answering all of Our questions in this way for yourself and anyone else whom You want to be covered by the Policy.

If You do not tell Us

If You do not answer the 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.

Important

This duty of disclosure applies to all people named on the application form. Please read this Policy Disclosure Statement carefully to ensure:

- You are aware of all the contractual rights and obligations
- the Policy provides the cover You require
- You are aware of the limits regarding Policy coverage and what We will pay You under the Policy

Workers' Compensation is compulsory in all States and Territories of Australia. This package doesn't include Workers' Compensation Privacy.

Privacy

The information collected on this application form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the application form in full and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may be able to obtain access at any time to information that Calliden or it's service providers hold on to. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348, Milsons Point NSW 1565

Calliden

Level 9, 11-33 Exhibition Street
Melbourne, Vic 3000
PH 1800 805 899, Fax: 1300 662 215

Workers' Compensation

Australian Owner Builder Insurance Services

7 Peninsula Boulevard
Seaford, VIC 3198
PH 1800 805 131, Fax: 03 9773 6088
info@aobis.com.au

THIS PRODUCT IS ISSUED BY Calliden Insurance Ltd ABN 47 004 125 268 AND AFS Licence No 234438



The Client/Owner Builder

Owner builder name

Contact persons details Mr Mrs Miss Ms Dr Other

Given names

Surname

Client address

Suburb

State/Postcode

Telephone (optional)

Email address (optional)

Have you ever been charged/convicted of any criminal offence (excluding traffic offences)?
(If yes please provide details)

Have you ever been declared bankrupt or put into receivership or voluntary administration?
(If yes please provide details)

Have you had any insurance previously declined, cancelled or renewal refused? (If yes please provide details)

Details of the Construction Works

Full description of the Construction Works

Construction Site address

Suburb

State/Postcode

Details of the Construction Works Insurance Policy

Name of Insurance Company

Policy Number

Policy Expiry Date



Personal Accident and Sickness Cover

		Owner builder	Owner builder spouse	Family member
Name of insured person				
Date of birth of insured person				
Primary occupation				
Gender				
Is the insured person an Australian resident?				
Cover required please tick	Weekly benefit SI = \$500 Capital benefit SI = \$50,000 Weekly benefit SI = \$700 Capital benefit SI = \$100,000			
In the last five years has the insured person ever suffered a material health problem, such as cancer, diabetes, high blood pressure, hernia or depression, or a material physical impairment such as any disorder of the back, spine, limbs or heart, or any other condition that required hospitalisation? If yes please provide details.				
Is the insured person currently experiencing any symptoms of ill health? If yes please provide details.				

Declaration

This declaration must be completed and signed by or on behalf of the party applying for insurance.

I/We

- a) declare that:
 - i the answers and information given by me/us in this application form are true and correct in all respects;
 - ii no information has been withheld that would affect Calliden's decision to accept this application form;
 - iii where answers in this application form are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
 - iv I/we have read and understood the clauses detailed under the important information section at the front of this application form;
 - v if there was insufficient space to fully answer any questions, I/we have attached supplementary pages providing the additional information required
- b) authorise Calliden to give to, or obtain from other insurers or any insurance or credit reference bureau, any information relating to these insurance covers, and any other insurances held by me/us and claims under those insurances.
- c) have received a copy of the Product Disclosure Statement and Policy terms and conditions and agree to be bound by the terms and conditions in it.

Client

Signature

Date

Owner Builder

Signature

Date

Owner Builder's Spouse

Signature

Date

Family Member

Signature

Date

Return your completed and signed application to:

Broker Details

Email

Fax

Post

Phone