

### YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Underwriter/Insurer you have a duty, under the Insurance Contracts Act 1984, to disclose to the Underwriter/Insurer every matter you know, or could reasonably be expected to know, is relevant to the Underwriter/Insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have the same duty to disclose these matters to the Underwriter/Insurer before you renew, extend, vary or reinstate this contract of general insurance. Your duty however, does not require you to disclose of any matter:

- That diminishes the risk,
- That is of common knowledge,
- That the Underwriter/insurer knows, or in the ordinary course of business, should know.

#### Non-Disclosure in relation to Contacts of General Insurance

If you fail to comply with your Duty of Disclosure, the Underwriter/Insurer may be entitled to reduce the liability under the contract in respect of a claim, or may cancel the contract. If your non-disclosure is fraudulent, the Underwriter/Insurer may also have the option of voiding the contract from its beginning.

### EMPLOYER DETAILS

Employer Name			
Company ABN			
Total Company Employees			
Projects Name(s) if relevant			
Employer Head Office address			
	Suburb	State	Postcode
Postal Address of Employer			
	Suburb	State	Postcode
Insurance Required From	xx / xx/ 2017	to xx/xx/ 20xx	at 4pm AEST
Broker Company Name			

### YOUR CONTACT DETAILS

Name	
Position Held	
Tel	
Mobile	
Email	

### PAYROLL CONTACT DETAILS

Name	
Tel	
Mobile	
Email	

### EMPLOYEES WORK DESCRIPTION

Please provide a brief description of the scope of works/general duties


## WAGE INFORMATION

Estimated Average Gross Weekly Wage \$

Total Project Estimated Payroll (if applicable) \$

Estimated Annual Payroll (if not project work) \$

If your contract is scheduled to run for more than a year please provide a breakdown of the annual payroll at Insurance start date

1<sup>st</sup> Year estimated payroll \$

2<sup>nd</sup> Year estimated payroll \$

3<sup>rd</sup> Year estimated payroll \$

## NUMBER OF EMPLOYEES ON SITE

Minimum Number of workers Insured?

Maximum Number of workers Insured?

## EMPLOYEE SELECTION PROCESS

Do your employees have to complete a compulsory fitness or medical test? YES  NO

## UNDERGROUND WORKS

Will any work be underground? YES  NO

If YES, what % of the work is underground?

%

How deep?

## OFFSHORE PROJECTS WORK

ONLY IF THERE IS use of a Light Aircraft, Helicopter, or Marine Conveyance to and from the site or parts thereof, please complete

Type of craft

Carrying Capacity

Make

Model

## SUBCONTRACTORS

Please complete if you are Subcontracting to another company

This information is to ensure that you are able to access reduced rates and are compliant with your EBA requirements on site.

Company Name Subcontracted to

HR or Project Manager Contact

Estimated Contract Length

Contact Number

Email

## SUBCONTRACTING OUT

(please complete if you are subcontracting out work)

Will you be subcontracting any of the on-site work? YES  NO

If YES approx. what % of the contract is subcontracted? %

Please complete the list attached to the end of the application form with the subcontractors details so we can ensure that they follow the same EBA guidelines

### Income Protection.

It works when you can't

### Perth

PO Box 351, Bondi Junction, NSW 1355  
The Park Business Centre, Level 2, 45 Ventnor Ave, West Perth WA 6005  
t 08 9389 4420 e cover@caip.com.au

### Sydney

PO Box 351, Bondi Junction, NSW 1355  
t 02 8789 0500 e cover@caip.com.au

### caip.com.au

AFSL No. 432297 | ABN 2313 4807 300  
CAIP Services Pty Limited

## ENTERPRISE BARGAINING AGREEMENT (EBA)

Is there an EBA in place?	YES <input type="checkbox"/> NO <input type="checkbox"/> (if yes please attach a copy if available)
What is the agreed rate in the EBA?	
Which Unions are party to the EBA?	

INCOME BENEFIT DETAILS			
TYPE OF BENEFIT	REQUIRED	% OF INCOME	MAXIMUM WEEKLY BENEFIT
Injury	YES <input type="checkbox"/> NO <input type="checkbox"/>	%	\$
Sickness	YES <input type="checkbox"/> NO <input type="checkbox"/>	%	\$
Workers Compensation Top-up	YES <input type="checkbox"/> NO <input type="checkbox"/>	%	\$
Journey Cover	YES <input type="checkbox"/> NO <input type="checkbox"/>		

OTHER BENEFIT DETAILS				
TYPE OF BENEFIT	REQUIRED	AMOUNT		OTHER AMOUNT
Accidental Death	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$
Funeral Benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$
Spousal Funeral	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$
Child Funeral	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$
Accidental Dental	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$
Organ Donor Benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$7,500 <input type="checkbox"/>	\$
Serious Medical Condition Lump Sum Benefit	YES <input type="checkbox"/> NO <input type="checkbox"/>			

CUSTOMISED BENEFIT DETAILS	
Customised Benefit please provide additional information on benefits you want	YES <input type="checkbox"/> NO <input type="checkbox"/>

### YOUR DECLARATION

**DECLARATION:** To the best of my/our knowledge and belief I/WE HEREBY DECLARE AND WARRANT, the information provided in connection with this proposal is true and I/WE have discharged our Duty of Disclosure. I/WE understand that the signing of this proposal does not bind Underwriters/Insurers to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the contents of which I/WE understand to be relevant to the decision of Underwriters to accept the risk referred to herein and to the terms and conditions set out herein.

I/We will supply the following documents to CAIP Insurance at the start of the policy on a monthly basis and annually;

1. A declaration of Total Monthly Gross Income (including all allowances and overtime payments), including the start and termination date of Employees entering and leaving your employment. If premium is paid annual we will still require monthly declarations for employment proof and claims processing.
2. A monthly Premium Payment made by cheque or direct debit. This payment shall be made multiplying the Monthly Gross Wages by the agreed premium rate. This payment will be due within 30 days for policies which are paid annually.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date      /      /20

**Income Protection.**  
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a The Park Business Centre, Level 2, 45 Ventnor Ave, West Perth WA 6005 t 08 9389 4420 e cover@caip.com.au

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**SUBCONTRACTOR CONTACT DETAILS**

Company Name  
Contact Name and Surname  
Tel Number  
Email

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