



# IC Frith & Associates Insurance Brokers

ICF (Australia) Pty Ltd ABN: 75 115 419 853 AFSL 291260

## SYDNEY

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## BRISBANE

PO Box 1462 Milton, QLD, 4064  
 Tel: (07) 3211 8066  
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## APPLICATION FOR PERSONAL ACCIDENT INSURANCE FOR UNPAID WORK EXPERIENCE PERSON

Please tick box of cover option & policy period required.

### Cover Option

- Option 1 - *Standard Cover*  
 Option 2 - *with Weekly Benefits*

### Policy Period

- 15 Days to be worked over a 6 month period  
 30 Days to be worked over a 6 month period  
 3 Months Unlimited  
 6 Months Unlimited  
 9 Months Unlimited

**Expiry date of the policy will be exactly 3, 6 or 9 months from the inception date, whichever is applicable,  
e.g. 3 months equals 01/01/2008-01/04/2008**

Commencement Date	___ / ___ / 20___ (from 4pm)
Expiry Date of Policy	___ / ___ / 20___ (at 4pm)

### APPLICANTS DETAILS

(The person undertaking the work experience)

Full Name	
Phone Number	
Address <small>(Please include postcode and state)</small>	
Email Address	
Date of Birth	

### HOST EMPLOYER DETAILS

(The company providing work experience)

Name of Company	
Contact Person	
Address <small>(Please include postcode and state)</small>	
Email Address	
Phone & Fax Number	



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**Describe all activities to be undertaken by the Applicant whilst doing work experience.**


**Please note that both you & your supervisor must keep a diary record of all days worked so that in the event of a claim they can be submitted to the insurer.**

## DECLARATION

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or mis-stated. Completion of this form does not bind coverage. The Applicant's acceptance of the company's quotation is required before the applicant may be bound and issued.

### “Your Duty of Disclosure”

*Before you enter into a contract of General Insurance with an Insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter you know is relevant to the Insurer's decision of whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of General Insurance.*

Your duty, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us
- that is of common knowledge
- that the Insurer knows, or, in the ordinary course of our business ought to know
- as to which compliance with your duty is waived by us

### “Non-Disclosure”

*If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent; the Insurer may also have the option of avoiding the contract from its beginning*

*The duty is not limited to information requested from you prior to the issue of the policy. You may be aware of other matters, which are relevant. If you are in doubt it is better to disclose the information rather than take the risk of failing in your duty of disclosure.*

**DATE**

**SIGNATURE**