



IC Frith & Associates Insurance Brokers

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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 for income earners*

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

<i>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</i>	
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	

