

personal accident and illness proposal

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland, New Zealand, Tel 09 308 1100, Fax 09 308 1114

Important

Please answer all of the questions in full.

If there is insufficient space, please provide further details on an attached sheet.

Insured details

Policy to be in the name of (Insured):		
Postal address:		
Insured person (if different from the Insured):		
Profession or occupation of insured person:		
Date of birth:	Weight:	Height:
Employer:		
Period of Insurance	From: / /	To: / / at 4pm (NZ time)
Broker/Advisor:		
Address:		

Schedule

	Result	Benefit – Sum Insured
1-24	Death and schedule benefits	\$
25	Weekly accident	\$ per week
26	Partial weekly accident	30% of Benefit 25
27	Weekly illness	\$ per week
28	Medical	\$ 200
	Deferment period	days
	Benefit period	Accident (25 & 26) weeks
		Illness (27) weeks

Details of insured person

Note: All questions must be answered.

1	Are you now in, and do you ordinarily enjoy good health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Are you presently taking medication or receiving any other treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Has your weight varied more than 7kg in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Are you now insured against illness or injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If 'No' to 1 or 'Yes' to any others of the above, give full details:		
	<hr/>		
	<hr/>		

Note: If you should subsequently take out additional injury and/or illness Insurance, you must tell the Company.

6	Have you ever made a claim against any insurance company in respect of injury or illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Have you ever been declined or accepted on special terms for life, injury or illness insurance, or has any insurer ever cancelled or declined renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Will the total amount of proposed weekly compensation during disablement from this and any other sources exceed the amount of your weekly income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Have you:		
	(a) been unable to work due to injury or sickness for more than seven consecutive days in the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) consulted a doctor in the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) ever suffered from a chronic or recurring illness or condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(d) ever suffered from or had investigations for or received advice about any form of hepatitis B, C or D, human immune-deficiency virus (HIV) or acquired immune-deficiency syndrome (AIDS)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10 Do you have any existing injury or illness, whether diagnosed or not, that may reoccur, at any time in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11 Do you or have you ever had any heart problems, high blood pressure, diabetes, kidney problems, cholesterol problems or cancer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12 Have you ever undergone a surgical operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13 Have you any reason to think that you may need to undergo a surgical operation in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14 Give details of any other illnesses, accidents or conditions (other than the usual childhood illnesses, colds and influenza) from which you have suffered if not shown above:	<hr/> <hr/> <hr/>	
15 Have any of your parents, brothers or sisters died or suffered from heart disease, stroke, high blood pressure, diabetes, kidney disease or cancer before the age of 60?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16 Are there additional facts affecting the proposed insurance which should be disclosed to us?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is 'Yes' to any of the above questions (6 - 16) please give full details:	<hr/> <hr/> <hr/> <hr/>	
17 Do you require a quotation for any profession, occupation, sport or pastime that renders you more than usually liable to accident such as football, rugby, rugby league, underwater activities involving the use of compressed air, hunting on horseback, deerstalking/pig/goat hunting, hazardous winter sports that are competitive such as skiing, tobogganing or snowboarding? (These are excluded under the standard policy.)	<hr/> <hr/>	

Note: The following activities cannot be quoted or covered: Steer riding or rodeo activities, hang gliding or similar, parachuting, mountaineering, speleology, racing on wheels or horseback, boxing or wrestling in public exhibitions, flying or aerial activities other than as a passenger in a registered aircraft, professional sport of any kind, any naval, military or air force service operation.

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This proposal collects personal information about you;
- (b) The information is collected to evaluate the insurance you seek;
- (c) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited;
- (d) The information is being collected and held by Lumley General Insurance (N.Z.) Limited of PO Box 2426, Auckland;
- (e) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- (f) The failure to provide this information may result in your application for insurance being declined, or your insurance being void from the beginning;
- (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Declaration to be signed by the Proposer(s) and person to be insured

We declare that to the best of our knowledge and belief the answers given in this proposal are correct in every respect and that no matters that are likely to affect the acceptance of this insurance have been concealed. We agree that the above proposal and this declaration, which is made by both the Insured and by the Insured Person shall be the basis of the contract of insurance between us and the Insurer.

We agree that our personal information may be used by the Insurer to advise us of other services.

We authorise the disclosure of personal information held by any other party regarding our previous insurances and authorise the Insurer to obtain details of our medical history from any medical consultant that has attended us.

We agree to the Insurer releasing to other parties personal information regarding this insurance.

Signature of Proposer(s):	Date: / /
Signature of the person to be insured (if not the Proposer):	

**All questions not answered shall be deemed to be answered in the negative.
Cover is not in force until quoted and accepted by the company.**