

DAN FIRST AID & OXYGEN INSTRUCTOR LIABILITY INSURANCE

2018/2019 APPLICATION FORM

Name:.....

Mailing Address:.....

City:..... State/Province:.....

Country:..... Postal/Zip Code:.....

Phone No. ().....

Fax No. ().....

Email.

DUTY OF DISCLOSURE

You have a duty under the Insurance Contracts Act 1984 to tell the insurer everything you know which is relevant to the Insurer's decision to insure you and, if so, on what terms. A matter is relevant if you or a reasonable person in the circumstances would know it is relevant.

Keeping this in mind please answer the following questions

1. Have you ever made a liability claim in relation to your first aid and oxygen instruction or related activities in the last 5 years?
No Yes (If yes please provide details on a separate page)
2. Are there any circumstances that may give rise to a claim, that have not yet been reported to an insurer?
No Yes (If yes please provide details on a separate page)

PRIVACY STATEMENT

We are covered by the Federal Privacy Act and its National Privacy Principles (NPP's), which sets out standards for the collection, use, disclosure and handling of personal information. We do not use or disclose personal information for any purpose that is unrelated to our services. We have a duty to maintain the confidentiality of our client's affairs. Our Privacy policy is available on request.

Payment by Credit Card

Mastercard VISA AMEX

Card Number:..... Expiration Date:..... CVV Number:.....(last 3

numbers on signature strip of card for Visa and Mastercard. For Amex, the 4-digit CVV is printed on the front of the card above the main card number)

Cardholder Name:.....

Authorised Signature:..... Date:.....

DECLARATION

I (Full Name) declare that the information in this application is true and correct and I have not withheld any relevant information.

Signature of Applicant

Date

V-Insurance Group Pty Ltd,
Corporate Authorised Representative of Willis
Tower Watson (Insurance Broker)
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Email: sports@vinsurancegroup.com
[ARN: 432898](http://ARN:432898) [AFSL: 240600](http://AFSL:240600) [ABN: 67 160 126 509](http://ABN:67160126509)



Underwritten by;
Liberty Mutual Insurance Company Trading as
Liberty International Underwriters,
Incorporated in Massachusetts, USA
(the liability of members is limited)
ABN 61 086 083 605