



PROPOSAL FORM: SPORTS GROUP PERSONAL ACCIDENT

IMPORTANT NOTICE RELATING TO THIS PROPOSAL

PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know that may be relevant to our decision whether to accept the risk of the insurance and, if so on what terms. The duty of disclosure is different depending on whether it is a new policy or not.

Where you are renewing a contract of insurance we may request you answer one or more specific questions relevant to our decision in relation to the policy and/or we may give you a copy of any matters previously disclosed by you in relation to a previous contract of insurance you held with us and request you to disclose to us any change to those matters or confirm that there is no change. Again in such circumstances you must tell us everything you know or could be reasonably expected to know, in answer to such requests.

It is important that you understand you are answering the questions for yourself and anyone else to whom the questions apply.

Your duty, however, does not require disclosure of any matter:

- a) that diminishes the risk to be undertaken by us;
- b) that is of common knowledge;
- c) that we know or, in the ordinary course of its business, ought to know; and
- d) as to which compliance with your duty is waived by us.

This duty continues after the proposal form has been completed up until the time the policy is issued by us.

When answering any questions asked by us in our proposal or renewal form you must answer them honestly and completely. We will rely on the answers provided by you in deciding whether to insure you and anyone else to be insured under the policy and on what terms.

If you do not answer our questions in this way, we may reduce or refuse to pay a claim or cancel the policy. If you answer our questions fraudulently we may refuse to pay a claim and treat the policy as never having commenced.

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. It is therefore vital that you make sufficient enquiries BEFORE you complete your Proposal Form and BEFORE you sign any declaration that there has been no change in the information proposed. Please take notice of the following statements pursuant to the provisions of the *Insurance Contracts Act 1984 (Cth.)*.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

Notice of Occurrences or Events

If during the period of this policy, the Insured shall become aware of any occurrence which may give rise to a Claim under the policy and shall during the period of this insurance given written notice to the Insurer of such occurrence, any Claim which may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a Claim made during the period of this policy whenever such Claim may actually be made.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

When completing this Proposal Form

Please answer all questions giving full and complete answers

- It is the duty of the Proposer to provide all information that is requested in the Proposal Form as well as to add any additional relevant facts.
- A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Sports Group Personal Accident insurance for the firm who acts as a Proposer. It must also be completed and sign by the insured player to be covered by the policy.

This proposal form does NOT BIND the Proposer to complete the insurance but will form part of any insurance.

Privacy Statement

At DUAL Australia Pty Ltd, we are committed to compliance with the Privacy Act 1988 (Cth). We use your personal information to assess the risk of and provide insurance, and assess and manage claims. We may also use your contact details to send you information and offers about products and services that we believe will be of interest to you. If you don't provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else you must obtain their consent to do so.

We provide your information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We are part of the Hyperion Insurance Group and may provide your information to UK based Group entities who provide us with business support services. We may also provide your information to your broker and our contracted third party service providers (e.g. claims management companies), but will take all reasonable steps to ensure that they comply with the Privacy Act.

Our Privacy Policy contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by telephone (+61 (0)2 9248 6300), email (reception@dualaustralia.com.au) or by visiting our website (www.dualaustralia.com.au). By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

Every question must be answered fully and correctly by the Person to be Insured or on his behalf by the Proposer and Health Care Practitioner in conjunction with the Person to be Insured (All questions must be answered in ink).

Before any question is answered please carefully read the DECLARATION at the end of this Proposal, which must be signed and dated by the Proposer, Person to be Insured and the Health Care Practitioner.

Please disclose the following information on the Sports Personal Accident Proposal Form:

(Please note that non-disclosure of information might jeopardise any claim in the future)

- Current injuries with date of injury, diagnosis, future prognosis and expected return to fitness.
- Any significant injuries during the last ten years. Significant injuries are defined as injuries that kept the player from training or playing for more than 14 consecutive days.
- Any recurring injuries during the last five years, which can be defined as the same type of injury to the same location.
- Date of injury, diagnosis, and treatment received, details of surgery date of full recovery and current condition.
- Future medical treatment or surgery for an existing or previous injury.
- Any other injury or illness that you feel might lead to disablement of the player in the future.
- Information on osteoarthritis, arthritis or any other degenerative process of the joints, bones, muscles, tendons or ligaments.
- Pre-existing Conditions.

Further medical information may be required by the Insurer on specific injuries or sickness. Medical file reviews will be carried out to ensure that all the necessary information has been supplied. If there is not sufficient space, please attach answers on a separate sheet.

SECTION 1: DETAILS OF THE PROPOSER

1. Full Name of Insured: _____
2. Occupation: _____
3. Address of Insured: _____
 _____ Postcode: _____

The Person to be Insured/Player

4. Full Name: _____
5. Date of Birth: ____ / ____ / ____
6. Place and Country of Birth: _____
7. Team: _____
8. Position: _____

SECTION 1: DETAILS OF THE PROPOSER cont.

The Health Care Practitioner

9. Full Name: _____
10. Occupation: _____
11. Address: _____
 _____ Postcode: _____

SECTION 2: MEDICAL DETAILS - PART A

This section must be completed by an authorised Health Care Practitioner in conjunction with the Person to be Insured

1. Is the Player currently free of injury, sickness, disease or discomfort and active in his sport? Yes [] No []
 If NO, please supply full details:

2. Injury: _____ Date of Injury: ____ / ____ / ____

3. Joint involved: _____ Side of Injury: Left [] Right []

4. Surgery required: Yes [] No []

If YES please provide full details on the attached Details Report Form

5. Date expected to recover full fitness: ____ / ____ / ____

6. Has the Player missed more than 14 consecutive days from his sport due to injury, sickness, disease or discomfort during the last five years? Yes [] No []

7. Has the Player taken any prescribed medicine, including courses of cortisone, pain reducing or anti-inflammatory medication for a period in excess of 7 days during the last two years? Yes [] No []

8. Has the Player had any X Rays, CAT scans, M.R.I. Scans or any other radiological investigations within the last two years? Yes [] No []

9. Do you or the Player have any reason to believe that the Player may need any medical treatment or undergo surgery in the future? Yes [] No []

10. Is the Player allergic to, or has he ever had any adverse reaction to any medicine(s) or other substance(s)? Yes [] No []

If any of the questions have been answered YES, please provide full details on the attached Details Report Form

SECTION 2: MEDICAL DETAILS - PART A cont.

11. Has the Player ever suffered injury to or had any treatment for, or had any abnormality in, the following body parts or conditions?

(Please refer to guidance notes at the front of this form)

- | | | | |
|---|-----------------------|---------|--------|
| a. Head (including concussion or unconsciousness) | | Yes [] | No [] |
| b. Neck | | Yes [] | No [] |
| c. Shoulder | Left [] Right [] | Yes [] | No [] |
| d. Back or spinal column | | Yes [] | No [] |
| e. Arm | Left [] Right [] | Yes [] | No [] |
| f. Elbow | Left [] Right [] | Yes [] | No [] |
| g. Hand, wrist | Left [] Right [] | Yes [] | No [] |
| h. Fingers | | Yes [] | No [] |
| i. Hips | | Yes [] | No [] |
| j. Groin | Left [] Right [] | Yes [] | No [] |
| k. Thigh | Left [] Right [] | Yes [] | No [] |
| l. Hamstring | Left [] Right [] | Yes [] | No [] |
| m. Knee | Left [] Right [] | Yes [] | No [] |
| n. Patellar tendonopathy | Left [] Right [] | Yes [] | No [] |
| o. Shin | Left [] Right [] | Yes [] | No [] |
| p. Calf | Left [] Right [] | Yes [] | No [] |
| q. Ankle | Left [] Right [] | Yes [] | No [] |
| r. Achilles tendonopathy | Left [] Right [] | Yes [] | No [] |
| s. Foot | Left [] Right [] | Yes [] | No [] |
| t. Toes | Left [] Right [] | Yes [] | No [] |
| u. Arthritis/Osteoarthritis or any other degenerative condition | | Yes [] | No [] |

If any of the questions have been answered YES, please provide full details on the attached Details Report Form

12. Has the Player ever shown indications of, suffered from, been treated for, or been prescribed medication for any of the following?

- | | | |
|--|---------|--------|
| a. Heart, Chest, Circulatory System and Respiratory System | Yes [] | No [] |
| b. Blood Pressure or Diabetes | Yes [] | No [] |
| c. Nervous System or fits | Yes [] | No [] |
| d. Dizziness or fainting | Yes [] | No [] |

If any of the questions have been answered YES, please provide full details on the attached Details Report Form

13. Has the Player had any other operations or invasive medical treatment (i.e. injections) or suffered any other accident or sickness not already mentioned on this proposal form? Yes [] No []
14. Does the Player have or has he suffered from any other medical condition not mentioned in this proposal form? Yes [] No []

If any of the questions have been answered YES, please provide full details on the attached Details Report Form

SECTION 2: MEDICAL DETAILS - PART B

This section must be completed by an authorised Health Care Practitioner in conjunction with the Person to be Insured

1. Height _____ 2. Blood Pressure _____
2. Weight _____ 4. Pulse Rate _____
5. Is there any enlargement or abnormality of any of the following:
- | | | |
|--|---------|--------|
| a. Head, Eyes, Ears, Nose, Throat, Mouth | Yes [] | No [] |
| b. Skin | Yes [] | No [] |
| c. Respiratory System | Yes [] | No [] |
| d. Heart | Yes [] | No [] |
| e. EcG | Yes [] | No [] |
| f. Abdomen | Yes [] | No [] |
| g. Genitalia | Yes [] | No [] |

If any of the questions have been answered YES, please provide full details on the attached Details Report Form

6. Are you aware of any additional medical history, signs, symptoms or laboratory findings? Yes [] No []
(MRI Scans or a confidential report for Underwriters may be requested)

If any of the questions have been answered YES, please provide full details on the attached Details Report Form

7. On completion of this Physical Examination, what is your impression of the Insured Person's ability to continue his/her career?

Date of examination ____ / ____ / ____

Health Care Practitioner's signature: _____

Please complete Details Report Form on page 7

SECTION 4: DECLARATION AND AUTHORITY

CONSENT TO DISCLOSURES

Personal information may be disclosed to:

- Brokers and agents who refer your business to us, your superannuation fund and any organisations appointed by them to administer your insurance related matter;
- Any person acting on your behalf, including your financial adviser, solicitor or accountant, executor, administrator, trustee, guardian or attorney;
- Your employer;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide), claims investigations and reinsurers (so that any claim you make can be accessed and managed)
- Other insurers to which your insurance is transferred by your employer or superannuation fund;
- Organisations, including overseas organisations, to whom we outsource certain functions.

In all circumstances where our contractors, agents and outsourced service providers become aware of personal information, confidentiality arrangements apply. Personal information may only be used by our agents, contractors and outsourced service providers for our purposes.

We may be allowed or obliged to disclose information by law, eg. Under Court Orders or Statutory Notices, pursuant to taxation or social security laws.

Your acknowledgement and consent

Your signature below indicates your consent to such use and disclosures of your personal information as are indicated above.

Insured Player

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this Proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

SIGNATURE: _____ DATE: ____ / ____ / ____

NAME: _____

POSITION: _____

SIGNED BY A PERSON AUTHORISED ON BEHALF OF THE PROPOSER

SIGNATURE: _____ DATE: ____ / ____ / ____

NAME: _____

POSITION: _____

SECTION 4: DECLARATION AND AUTHORITY cont.

IT IS IMPORTANT THAT EACH OF THE PERSONS MAKING THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT THE INSUREDS' RIGHT OF RECOVERY UNDER THE POLICY.

DUAL Australia recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence)

HOW TO CONTACT DUAL AUSTRALIA PTY LTD:

Address: DUAL Australia Pty Ltd
GPO Box 7101
Sydney NSW 2001
Australia

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E-mail: enquiries@dualaustralia.com.au