

DAN FIRST AID & OXYGEN INSTRUCTOR LIABILITY INSURANCE 2010/2011 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.

DECLARATION

I declare that the information in this application is true and correct and

(Full Name)

I have not withheld any relevant information.

Signature of Applicant

Date



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