

STUDENTCOVER FOR 'WHOLE OF SCHOOL' APPLICATION & DECLARATION FORM

Privacy - We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance and/or financial planning needs. We only provide your information to insurance companies, underwriting agencies, wholesale brokers and premium funders with whom you choose to deal (and their representatives). We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you and you could breach your duty of disclosure. You can check the information we hold about you at any time. For more information about our Privacy Policy, ask us for a copy or visit our website www.ebm.com.au.

By completing the quotation request below, I certify that I am aware that any collection of personal information is used in accordance with EBM's Privacy Policy.

Personal Accident Insurance for full time Students - Kindergarten to Year 12

Underwritten by AIG Australia Limited (AIG)

ABN 93 004 727 753 AFS Licence 381686

All students of the school will be insured 24 hours per day from the Commencement Date until 1st March 2020. The premium payable is based on the expected enrolment for the 2019 school year and is paid by the school or parent's association.

To commence cover, please complete this Application form in full and return it to EBM (email to studentcover@ebm.com.au or fax or post to address provided below). Our Invoice will follow within 14 days for which payments will be required within 30 days of the invoice date.

Insured School:

Contact Name:

Position:

Phone:

Fax:

Email Address:

Website:

Postal Address:

Suburb:

Postcode:

Street Address:

Suburb:

Postcode:

Type of School: Kindergarten Primary Secondary

Government Non Government

Premium Calculation Please select preferred option below

Cover	Total Enrolments for 2019	*Premium per student	Total Premium	Minimum Premium per School
\$500,000 max. benefit				\$280.00
\$750,000 max. benefit				\$355.00
\$1,000,000 max. benefit				\$574.00

*The premiums shown are inclusive of government charges of Goods and Services Tax, Stamp Duty and our broker fee.

Period of Insurance From: To 4:00pm on 1st March 2020

Cover will only commence once the completed application has been received and accepted by the insurer

Declaration I/WE DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I/We have not withheld any information within my/our knowledge likely to affect the decision of the Insurer as to my/our eligibility for Insurance. I/We have read and understood the Product Disclosure Statement (PDS)/ Policy Wording including the warning in relation to non-disclosure. The applicant and declaration shall be the basis of the contract between the Insurer and myself/ourselves, and I/We agree to accept the Insurer's policy subject to terms and conditions therein.

Signed:

Position Held :

Date:

Return to: (All States except WA)

PO Box 10481, Southport BC QLD 4215

Phone: 1800 688 820 Fax: 1300 365 822

(WA Schools Only)

PO Box 1065, West Perth WA 6872

Phone: 1300 783 878 Fax: 08 9213 4563