Underwriting

Mining, oil and gas questionnaire



This form is to be completed only on request by Zurich Underwriting. To be completed by the life insured. Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.



Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of life insurance.

Your duty of disclosure however does not require disclosure of a matter:

- · that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of business ought to know
- if compliance with your duty in relation to that matter is waived by the insurer.

Your duty of disclosure continues until the insurer has informed you as to whether the insurer accepts or declines your application. This means that you must advise the insurer of any changes to the information included in your application up until the date that the insurer confirms in writing that the application has been accepted or declined.

In particular, you should advise Zurich of any changes in medical or physical conditions, and of any visits to medical service providers.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your privacy

Zurich is bound by the National Privacy Principles. In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at www.zurich.com.au or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au.

1	Life insured details								
	Title	Surname							
	Given names			/	/				
	Address								
			State	Postco	de				
	Contact numbers								
					······································				

o) What industry do you work in? If mining, please include if open-cu			
c) Do you work at heights, underground or in the drilling area? If 'Yes', please provide details		Yes 🔾	No ()
Test, prease provide details			
d) Please provide details of your employer			
Name			
Address			
	State	Postcode	2
Country	Contact number		
e) How long have you been in your current occupation?			
f) (i) In what area of the world do your normally work?			
(ii) Are you likely to work in other parts of the world in future? If 'Yes', please provide details		Yes 🔾	No O
g) Do you ever work offshore in Australian waters? If 'Yes', please answer the following:		Yes 🔾	No 🔾
(i) How much of your time is spent offshore?			
(ii) How long is your normal length of stay on the rig?	weeks	days	
n) What is your working roster?			
i) Are there medical facilities available? If 'Yes', what are the type and what evacuation procedures are in p	olace?	Yes 🔾	No 🔾
If 'No' where is the closest hernital/medical facility?			
If 'No', where is the closest hospital/medical facility?			
) (i) How do your normally travel to the site? (eg. helicopter)			
(ii) How long does it take to get to the site? Hours	Minutes		
k) Do you or are you likely to use explosives? If 'Yes', please provide details		Yes 🔾	No O

3 Declaration

The proposed life insured states as follows:

- 1. I have read and understood all of the statements, questions and answers in the questionnaire. In particular, I acknowledge my duty of disclosure to Zurich as described at the beginning of this form.
- 2. Each statement that I have made to Zurich or any other person in relation to my application for insurance and in this questionnaire is true and correct
- 3. I acknowledge that Zurich will rely on statements in this questionnaire in deciding whether to issue an insurance policy and what terms and premium to offer.
- 4. I authorise Zurich to disclose any information in relation to my application for insurance to any person for the purpose of assisting Zurich to make a decision in relation to my application for insurance.
- 5. I understand that the insurance applied for shall not become effective until Zurich accepts my application.
- 6. I authorise my medical practitioner or other professional (ie accountant) to disclose any information that they may possess about me to Zurich in relation to my application for insurance or any claim under it.
- 7. I authorise Zurich to approach any person named in this questionnaire to verify any aspect. In the same way, I authorise any person named in my questionnaire to disclose any information they may possess about me to Zurich.

Name of life insur	ed
--------------------	----

Signature of life insured	Date		
×		/	/

Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or By email, as a scanned attachment, to **risksuspense.management@zurich.com.au**, or By fax, to **02 9995 3822**.