Midland.
INSURANCE BROKERS

COURIER & TAXI TRUCK SUB-CONTRACTOR PLAN (CTT PLAN) APPLICATION

Name:			
Address:			
Suburb:		State:	Postcode:
Phone:	Mobile:		
Date of Birth	/ /	Sex:	Male / Female
Email			
Courier Company			
Payment Frequency: Please tick your preference	ANNUAL PAYMENT ☐	MONTHLY PAYMENTS ☐	

SELECT INSURANCE COVERAGE REQUIRED

Please note, when selecting your Accident and Sickness Weekly benefit, it cannot be more than 85% of your gross earnings e.g. if you earn $1,000 per week the benefit selected should be $1,000 x 85% = $850 per week. Accident and Sickness Cover is available until you turn 75 years of Age. **Accident or Sickness Cover is NOT available once you turn 75 years of age**. If at any stage you need to lodge a claim, the weekly premiums should continue to be paid (whether you are working or not) if you would like to continue cover under the plan. The Personal Accident and Sickness cover provides cover 24 hours a day, 7 days a week and will only respond to a second injury or illness if your premiums are maintained.

Personal Accident and Sickness	☐ Yes	☐ No	If yes, please confirm Weekly Benefit required: $_____
Public Liability	☐ Yes	☐ No	Limit of Liability is $20,000,000
Marine Transit	☐ Yes	☐ No	$100,000 Carriers Load

Have you lodged any claims in the past 5 years? ☐ Yes ☐ No
If yes, please provide full details including Insurer, amount and description of the claim

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Do you have anything else to disclose that may affect the Insurer's decision to insure you? ☐ Yes ☐ No
If yes, please provide full details

I, _____ hereby declare and warrant that the answers given in this application are in every respect true and correct and that I have not withheld any information within my knowledge likely to affect the decision of the Insurer as to my eligibility for this insurance. I confirm that;

- I hereby apply to join the plan established for employees or contractors & attach the completed Direct Debit Request which indicates the premium for the selected Weekly Benefit
- I have read & understood the Product Discloser Statements (PDS), Policy Wording, Financial Services Guide (FSG) & Sub-Contractor Manual provided
- I have read & understood the Privacy, Duty of Disclosure & Non-Disclosure stated in the Manual
- I am aware of the Exclusions stated in the Manual & Policy Wording
- I consent to receiving documentation electronically to the nominated email address
- I understand in the event of a claim I will be paid NETT of tax as required under regulations from the ATO effective 1/7/2017

Signed: _____ Date: _____