

Activity questionnaire

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

Policy number/s

Policy type: ☐ Wealth Protection ☐ Active ☐ Sumo ☐ FutureWise

Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). 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		Date of birth / /	
Address		State	Postcode
Contact details	Work ()	Home ()	
	Mobile	Email	

2 Activity details

DIVING QUESTIONNAIRE

(a) Are you an amateur, professional and/or an instructor?

☐ Amateur ☐ Professional/Instructor

(b) Do you have a current diving qualification?

Yes ☐ No ☐

If 'Yes', provide details

(c) What type of diving do you do? Tick all that apply

☐ Scuba ☐ Snorkeling ☐ Skin diving ☐ Free diving ☐ Wreck diving ☐ Cave/Pothole diving

(d) What depths do you dive, and how often (per annum)?

	Average	Maximum
Depth	m	m
Number of dives at this depth	p.a.	p.a.

(e) Have you ever been injured, or had an accident while diving?

Yes ☐ No ☐

If 'Yes', provide details

2 Activity details (continued)

MOTOR SPORTS (CAR/CYCLE) QUESTIONNAIRE

(a) Are you amateur, professional or competitive?

☐ Amateur

☐ Professional

☐ Competitive

(b) What types of events do you participate in, and how often per year, e.g. drag racing, speedway, rally driving?

Type of event	Number of events per annum

(c) What type of vehicles do you drive/ride?

Vehicle type	Engine type/size	Max. racing speed

(d) Have you ever been injured, or had an accident while participating?

Yes ☐ No ☐

If 'Yes', provide details

AVIATION QUESTIONNAIRE

(a) Do you hold a Civil Aviation Authority licence?

Yes ☐ No ☐

If 'Yes', state the type and period held

(b) Do you intend to change the scope of this licence, including engaging in any other form of aviation?

Yes ☐ No ☐

If 'Yes', provide details

(c) Have you ever had an accident or been charged with violating Civil Aviation Authority regulations?

Yes ☐ No ☐

If 'Yes', provide details

(d) Complete the following schedule

Category	Flight hours in past 12 months	Flight hours future annual average
Commercial airline		
Charter		
Private		
Aero club/flying school		
Agriculture		
Helicopter		
Untralight/microlight		

2 Activity details (continued)

OTHER ACTIVITY QUESTIONNAIRE

(a) What is the activity?

(b) On what basis do you participate in this activity?

☐ Amateur/Recreational ☐ Competitive ☐ Professional

(c) How often do you participate in this activity?

Events/hours per year

(d) Provide details of the level at which you participate in this activity, e.g. maximum depths, heights, speeds, or grades.

(e) Provide details of any injuries you have sustained from this activity.

3 Declaration

The proposed life insured states as follows:

1. I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.
2. I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.
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 (i.e. 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 insured

Signature of life insured

Date

X

/ /

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 **life.newbusiness@zurich.com.au**

Save File

Print Form