

# Loan Protection Insurance Application



Disablement, Accidental Injury and Involuntary Unemployment cover are issued by AAI Limited ABN 48 005 297 807 AFSL 230859 trading as Vero Insurance (Vero). Death and Traumatic Event cover is issued by Suncorp Life and Superannuation Limited ABN No. 87 073 979 530 AFSL No. 229880 (Suncorp).

**Capitalised words in this application have the same meaning as defined in the Product Disclosure Statement.**

Agent Details			
Agent Name		AR Name	
Insured's Details			
First Insured		Second Insured	
Title		Title	
First Names		First Names	
Last Name		Last Name	
Address		Address	
Suburb		Suburb	
State, Postcode		State, Postcode	
Home Phone		Home Phone	
Business Phone		Business Phone	
Mobile Phone		Mobile Phone	
Email Address		Email Address	
Date of Birth		Date of Birth	
ABN		ABN	
Registered for GST		Registered for GST	
Occupation		Occupation	
Employer		Employer	
Employment Status		Employment Status	
Hours worked per week (if casual)		Hours worked per week (if casual)	
Corporate Details			
Company Name		ABN Number	
Address		Registered for GST	
Suburb			
State, Postcode			
Business Phone			
Loan Details			
Credit Provider Name		Date Contract Commenced	
		Contract Number	
Type of Contract		Motorcycle Registration No	
Term of Contract		Monthly Loan Repayment Amount	
Amount Financed <i>(excluding LPI Premium)</i>		<i>(for Death and Traumatic Event Premium Calculations Only)</i>	
Residual/Balloon Amount			
Principal Amount		<i>(for Disablement and Involuntary Unemployment Premium Calculations only)</i>	
Cover Options			
Type of Cover: <input type="checkbox"/> Disablement <input type="checkbox"/> Involuntary Unemployment <input type="checkbox"/> Accidental Injury <input type="checkbox"/> Death <input type="checkbox"/> Traumatic Event			
Period of Cover <i>(must be equal to loan term)</i> : <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> 7 Years			
Health Details			
Have You had treatment for or been informed that You require advice or treatment for any of the following ailments, injuries or sicknesses?			
<input type="checkbox"/> AIDS or AIDS related illness	<input type="checkbox"/> Kidney, Digestive or Lung disease	<input type="checkbox"/> Cancer, Melanoma, Tumour or Leukaemia	
<input type="checkbox"/> Alcoholism or Drug abuse	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Any mental, stress related or psychiatric illness	
<input type="checkbox"/> Heart, Vein or Circulatory Disorder	<input type="checkbox"/> Back pain or any other disorder of the back, spine or neck	<input type="checkbox"/> Stroke, Epilepsy, Fainting spells or fits of any kind	
<input type="checkbox"/> Any other chronic illness, disease or condition			
If yes, please write details below. If insufficient room, attach a separate sheet.			
First Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial	Second Insured <input type="checkbox"/> Yes <input type="checkbox"/> No
			Initial

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**Previous Insurance(s)**

Have You ever had a Life or Accident or Sickness Insurance policy declined, cancelled or accepted on special terms?

First Insured  Yes  No

Second Insured  Yes  No

Give Details:

Give Details:

**Tax Invoice**

**Premium Details**

Premium Details		Payment Details	
Net Premium	\$	Finance	
GST on Premium	\$	Credit Card	
Stamp Duty (For Disablement, Involuntary Unemployment or Accidental Injury cover options. Not a taxable supply.)	\$	Cash	
Total Premium	\$	Other	

**Confirmation of Your Insurance**

When You receive the Product Disclosure Statement and the Certificate of Insurance, these documents will, together with any other documented correspondence We tell You forms part of the terms and conditions of Your insurance cover, including any endorsements issued by Us, comprise Your Policy.

**Declaration/Duty of Disclosure by the Insured(s)**

**PLEASE READ CAREFULLY**

*I/We, the insured, understand and acknowledge the following:*

**I / WE UNDERSTAND THAT THE PURCHASE OF THIS INSURANCE IS OPTIONAL.**

1. I/We (both) agree that any claim for Death, Traumatic Event, Disablement, Accidental Injury and Involuntary Unemployment which is a direct or indirect result of a Pre-existing Medical Condition is excluded from the Policy.
2. I/We am/are (both) employed in a permanent position(s) on a permanent, full-time basis, or working on a permanent part-time basis for at least 20 hours a week and not working in work of a seasonal or irregular nature, on a non-renewable contract or under Notice of Dismissal.

OR

I/We am/are (both) self-employed and working on a continuous basis for a minimum of 20 hours per week in a business or professional practice that is capable of generating income for that business or professional practice and am/are not self-employed on a seasonal, temporary or non-renewable contract.

3. I/We have never had a Life or Accident or Sickness Insurance policy declined, cancelled or offered on special terms.
4. The answers given in this application are true.
5. I/We have read the PRODUCT DISCLOSURE STATEMENT before signing this Declaration and agree to be bound by its provisions.
6. I/We also declare that the Loan details are correct at the time of signing this application.
7. I/We have read and understood the important notices regarding my/our Duty of Disclosure as set out in the Product Disclosure Statement.
8. I/We have received the Privacy Statement contained in the Product Disclosure Statement and have read and fully understood its contents. I/We consent to (where applicable) Vero, Suncorp, MTAI and NM Insurance collecting, using and disclosing my/our personal information in accordance with the terms of the Privacy Statement.
9. I/We understand that the Disablement, Accidental Injury and Involuntary Unemployment covers exclude lease residuals and Loan Balloon Payments.
10. I/We acknowledge that I/we have not received any advice in relation to this Loan Protection Insurance product which has taken into account any of my/our personal or financial objectives, situation or needs.

Signed by First Insured

Date

Signed by Second Insured

Date

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