

# Application Form Hire a Hubby

Before completing this form please refer to the Important Information link on page 5 as a requirement of the Insurance Contract Act.

Download form and email completed version back to [au.hireahubby@aon.com](mailto:au.hireahubby@aon.com)

## Your Details

Registered Business Name

Trading Name

Australian Business Number (ABN)

## Contact Details

Dr  Mr  Mrs  Miss  Ms

First name

Last name

Postal address

Suburb

State

Postcode

Phone

Mobile

Email

## Business Details

For the next 12 months, please advise the following:

Estimated Annual Turnover (total sum of all money passing through your business)

\$

Estimated Annual Payments to Subcontractors

\$

Number of Employees

## Business Activities

**Insured Activities: Handyman – Domestic renovations, maintenance and repairs - excluding electrical & plumbing where trade qualifications required.**

Do you conduct any additional activities that you would like to be covered under this policy?  Yes  No

If YES, please provide information about the type of activities and what percentage of your activities these additional activities comprise? (Including any Asbestos related activities)

## Public & Products Liability

**Trade Business Pack, Hire A Hubby Franchisee - minimum insurance requirements.**

### Trade Business Pack

Public & Products Liability  \$20,000,000

Tools of trade  \$10,000

## Personal Details (For Personal Accident Insurance)

### Full Name of Insured Person:

First and Middle Name(s)

Last Name

Date of Birth

Height in cm

Weight in kg

## Personal Accident Insurance Policy Required Covers

**(as per Hire A Hubby franchisee contract, the below are the minimum required)**

\$1,000 Weekly Benefit for Accident and Illness

\$

\$500 Weekly Business Expense

\$

\$75,000 Accidental Death and Capital Benefits

\$

Please refer to the Policy Wording, Product Disclosure Statement (PDS) and Target Market Determination (TMD) for terms, conditions and exclusions.

**Salary** in the case of a self-employed or an employee of YOUR own company means, earnings as from a business in the capacity of a self-employed person from YOUR personal exertion averaged over the next twelve (12) month period, but excluding any fixed or variable expenses of the kind incurred in producing YOUR income.

**Business Expenses** means the fixed expenses that the INSURED PERSON has incurred in the running of the INSURED PERSON's business and includes the following:

- Employees' wages, superannuation, workers compensations premiums, payroll tax;
- Rent, property rates, electricity, water, gas or telephone charges;
- Lease payments for equipment or motor vehicles
- Cleaning expenses; and
- Other expenses that are usual for the Insured Person's type of business and for which the Insured Person is entitled to claim as unless expenses for income taxation purposes (except depreciation).
- Hire a Hubby Franchise Fees

**NB: If you require cover for more than one person complete a separate application form.**

## Personal Accident Underwriting Questions

In order to avoid you requiring a medical report, we wish to draw your attention to the fact that the Personal Accident policy contains an automatic EXCLUSION regarding Pre-Existing Conditions YOU may have that may reduce or void cover for certain conditions.

Please refer to the policy wording, PDS and Target Market Determination for terms, conditions and exclusions including the exclusion for (Pre-Existing Condition).

**Additionally, please advise if you need to disclose any information or if you answer in the affirmative for any of the following questions, please provide additional details in the space provided below:**

Have you ever had medical or surgical advice or treatment,  Yes  No  
or been hospital confined during the past 5 years?

Have you ever been declined accident, sickness or life insurance,  Yes  No  
or been issued such insurance which has been postponed, modified,  
rated up, cancelled or renewal refused?

Have you ever claimed for benefits under any accident or sickness insurance?  Yes  No

Will the total amount of your weekly compensation during disablement from  Yes  No  
this and all other sources exceed your weekly salary or income?

Are there any circumstances connected with your occupation or other activities which  Yes  No  
render you liable to injury or sickness (e.g. professional sports, hazardous pursuits)?

Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer,  Yes  No  
paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous,  
genial-urinary, digestive or circulatory systems, or of the back, spine, eyes or heart?

If 'Yes,' to any of the above please provide details:

## Other Insurances

We can arrange quotations on a range of other insurance policies. Please complete below if you would like to be contacted to discuss quotations:

- |   |  |
|---|--|
| <input type="checkbox"/> Cyber Insurance      | <input type="checkbox"/> Machinery (eg Excavators) |
| <input type="checkbox"/> Management Liability | <input type="checkbox"/> Commercial Motor          |
| <input type="checkbox"/> Other                |  |

If Other, please specify below:

## General Underwriting Questions

### Applicable to Personal Accident Policy and Trade Business Pack Policy

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Has an Insurer declined an application from YOU, or cancelled or refused to renew a policy of Yours, required special terms to insure YOU, or declined or refused a claim?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have YOU, or any person who will receive insurance protection under the proposed policy, been charged with, or convicted of, any criminal offences in the past 10 years?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| During the past 2 years have YOU or any other person to whom cover extends under this policy received any threats to life or property (private or business)?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any exceptional circumstances relating to the risk to be insured that you have not already told us about and that you know or should know may affect our decision to insure you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Declaration

1. I declare that I have personally completed this Application Form and that the information contained in this Application Form is true and correct and that no facts have been omitted or falsely stated.
2. I acknowledge that I have carefully read, understood and agreed to the [Important Notices](#) provided on this application form.
3. I acknowledge that if this application is accepted, the insurance cover provided by The Trustee for Hire a Hubby Franchise Operations Trust ABN 20 812 365 919 (**HAH**) acting as a referrer of the listed Aon Risk Services Australia Limited ABN 17 000 434 720 (**Aon**) insurances, will be subject to the terms and conditions as set out in the Policy Schedule and Policy Wording.
4. I am aware and accept that when I purchase an insurance policy as a result of a referral from HAH from Aon, HAH will receive a commission fee from Aon.
5. I acknowledge that any advice provided is general advice only does not take into account my personal objectives, financial situation or needs. Any advice provided will not be taken as financial or investment advice and I will not take any action as a result of any advice provided.
6. I have considered against my own personal circumstances and/or sought independent professional financial advice before purchasing an insurance policy from HAH and acknowledge the above noted insurance requirements are as stipulated under my franchisee agreement, however this does not represent all of the insurance I may require, and additional insurance requirements can be discussed with Aon as required.
7. I understand that Aon values the privacy of personal information and is bound by the Privacy Act 1988 (Cth) when they collect, use, disclose or handle personal information.
8. I acknowledge that Aon collects personal information to offer, provide, manage and administer the services they provide in accordance with [Aon's Privacy Statement](#). I consent to the use of my personal information for the purposes shown in the Aon's Privacy Statement, and the disclosure of my personal information to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.
9. If I have disclosed personal information about any other person, I confirm that I am authorised to disclose such personal information about that person, and consent to its use for the purposes shown in the Privacy Statement. I also consent to disclosure to and obtaining of other personal information about that person from other parties including those shown in the Privacy Statement, or the insurer for any of these purposes.
10. Otherwise, if my circumstances change in relation to my business, financial information or anything related to my application form once I have purchased the insurance policy, I will advise Aon of any changes and ensure that I have taken the necessary steps to be adequately covered. I acknowledge that a failure to advise Aon of any such changes may prejudice my cover.

First name

Last name

Signature

Date