

## WHAT WE NEED TO KNOW

### Group Personal Accident (& Sickness)

- client registered name
- business description/trade
- how long established
- is business expanding
- business address
  
- **insured person per occupation class**
  - **directors/clerical/sales/manual trades**
  - **generic or specified insured persons**
- **operative time**
  - **24 hour**
  - **occupational Accidents excluding or including commuting**
  - **other – please specify**
- **salary or fixed benefits**
  - **highest salary paid to any one person**
- **benefits**
  - **capital**
  - **weekly**
  - **standard or continental scale**
- **cover required:**
  - **personal accident**
  - **option to include sickness**
  - **business travel**
- **varied payment period options – standard 104 weeks**
- **varied deferment period – standard 7 days**
  
- existing insurer
- current renewal date
- reporting or holding broker
- target premium
- claims experience (at least 3 years, ideally 5 years)

**No Proposal Form required for any of our Contracts  
as the quotation request forms part of risk**

**Quotation forms available for all our Contracts**