



## Personal Accident Insurance Application Form

### NSW Corporate Games

October 11-13 in Sydney

Name of Organisation/Company

.....

#### Contact Details

Applicant Name: .....

Address: .....

Telephone: ..... Mobile: .....

#### Sport/s entered

.....

Names of Team Members included on this application. **NOTE:** Please attach separate schedule if unable to fit above

.....

.....

Does any team member have any pre-existing medical conditions: YES/ NO If yes, please provide details

.....

.....

Details of any planned training activities undertaken leading up to the *Corporate Games*:

.....

.....

#### Declaration

I/We acknowledge that I/we have read the Arthur J. Gallagher Sports Insurance Product Disclosure Statement in relation to personal accident group cover for approved sporting events and that this insurance cover **is not transferable nor refundable**.

Signature of Applicant: .....Date: .....

Premium rate of \$35.00 (incl. GST) per person

Total number requiring Insurance  X \$35 = \_\_\_\_\_

#### METHOD OF PAYMENT

Fees payable to **Corporate Games Pty Ltd** ABN 64 056 480 543 by

☐ **Credit Cards – Pay online** at [www.corporategames.net.au](http://www.corporategames.net.au)  
**Visa • MasterCard • Amex** 2% transaction fee applies to Credit Card payments

☐ **Direct Debit** Bank ANZ 012 141 8527 93733  
Evidence of transfer and Credit Card payments **MUST** accompany form

Please email this Application Form to **Corporate Games** at [info@corporategames.net.au](mailto:info@corporategames.net.au)