



Personal Accident Insurance Application Form

Queensland **Corporate Games**

MAY 15-17 in Brisbane

Name of Organisation/Company

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Contact Details

Applicant Name:

Address:

Telephone: Mobile:

Sport/s entered

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

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

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

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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

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Credit Cards – Pay online at www.corporategames.net.au
Visa • MasterCard • Amex 2% transaction fee applies to Credit Card payments

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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