



INSURANCE ADVISERNET AUSTRALIA PTY LIMITED

AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER: 240549

ABN 81 072 343 643

www.insuranceadviser.net

AFSL Number: 240549

MY HEALTH ASSOCIATION INSURANCE QUESTIONNAIRE

All questions to be completed by the applicant in full please,

1) Name of Applicant:

First Names

Surname

2) Business Trading Name:

(If Applicable)

3) ABN Number:

If Applicable

4) Contact Details:

Phone No

E-Mail Address

5) Postal Address:

Street Number & Name

Town Suburb

State

Post Code

6) Occupation & Services:

Yoga Teaching

Yes / No

% Practiced _____

Therapeutic Massage

Yes / No

% Practiced _____

Natural Therapies

Yes / No

% Practiced _____

(Please List Natural Therapies Practiced Below)

7) Industry Qualifications:

(Please list where & when all training & qualifications obtained)

**8) Annual Turnover
Estimation:**

Under \$20,000 Yearly

Yes / No

Between \$20,000 & \$50,000 Yearly

Yes / No

Between \$50,000 & \$100,000 Yearly

Yes / No

Greater Than \$100,000 Yearly

Yes / No

9) Size of Business:

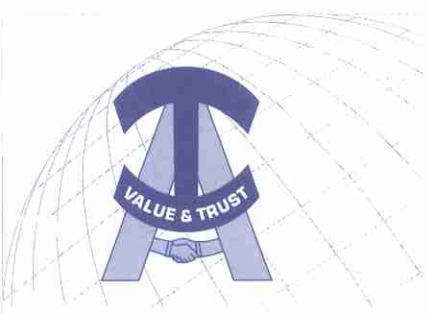
Are you a Sole Trader ?

Yes / No

Are you a Partnership ?

Yes / No

How many Employees ?



INSURANCE ADVISERNET AUSTRALIA PTY LIMITED

AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER: 240549
ABN 81 072 343 643

www.insuranceadviser.net

10) Previous Insurance History:

- | | |
|--|----------|
| 1) Have you ever had a liability or business insurance claim ? | Yes / No |
| 2) Have you ever had an insurance policy declined, refused, cancelled or special conditions imposed or an insurance claim denied ? | Yes / No |
| 3) Have you ever been declared bankrupt put into receivership or liquidation ? | Yes / No |
| 4) Have you ever been charged or convicted with a criminal offence ? | Yes / No |

(If you answered Yes to any of the above questions please provide full details below.

11) MHA Membership Number:

If you are already a fully paid member of the (MHA) My Health Association, please confirm your Membership number ?

* Membership Number _____

12) Policy Cost & Premium Payment Options:

The annual cost of the liability cover is; **\$365.00** , once we have received the completed application form we will contact you to discuss the policy coverage, terms and conditions.

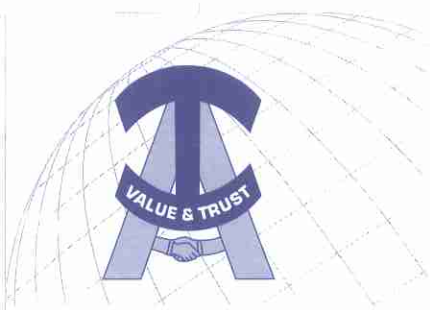
Our Payment Options Upon Acceptance of Cover for Your Information Are:

- Cheque &/or Money Order made payable to: **Insurance Advisernet Australia Pty Ltd**
- Credit Card Payment (see attached form) - we accept: **Visa Card / Master Card / Bank Card Only**
- Pay By Month Facility, if required we will need to send you a contract to be completed. **Yes / No**
(please note there is an interest rate attached to the monthly payment contact)

13) Signature:

Date:

Full Name:



INSURANCE ADVISERNET AUSTRALIA PTY LIMITED

AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER: 240549

ABN 81 072 343 643

www.insuranceadviser.net

*** Important Information:**

Completion & return of this form does not automatically confirm insurance cover is bound, acceptance of the application will be determined by the Insurance Broker.

Should your application be declined full payment will be returned to you.

*** Return of the Questionnaire:**

Please return this form fully completed to one of the following options.

Post: Att: Mr Chris Bygraves
Insurance Advisernet Australia Pty Ltd
PO Box 1735
BROADBEACH QLD 4218

Fax: (07) 5538 7783

E-Mail: cbygraves@iaa.net.au

NAMASTE
Chris Bygraves

Postal Address: Insurance Advisernet Australia Pty Ltd, PO Box 1735, Broadbeach QLD 4218

Street Address: Suite 41A, Level 1, "Niecon Plaza" Victoria Avenue, Broadbeach QLD

WEB: www.insuranceadviser.net * **E-Mail:** cbygraves@iaa.net.au

Telephone No: (07) 5538 7655 * **Facsimile No:** (07) 5538 7783