



STUDENT INJURY INSURANCE

2010 Application Form

NAME OF SCHOOL:

ADDRESS:

.....POST CODE.....

NAME OF P&C CONTACT:

CONTACT DETAILS: (Work No.)Home No.).....

(Fax No.)

(E-mail)

NUMBER OF STUDENTS:.....

24 hour cover \$4.85 x number of students = \$.....

- Please make your cheque payable to **MARSH PTY LTD** (Marsh);
- Your Certificate of Insurance will be sent to you from Marsh;
- Claim forms may be downloaded from Federation's website www.pandc.org.au;
- You acknowledge that a Financial Services Guide, a Produce Disclosure Guide and Policy Wording covering this financial product have been made available before deciding whether to apply for this cover.
- In offering this product neither the Federation of Parents and Citizens' Associations of NSW nor Marsh has provided personal advice to you or the parents of your school whether this product suits their individual circumstances or needs;
- The Federation of Parents and Citizens' Associations of NSW receives a benefit from Marsh being a share of the commission paid by the insurer, which is used by the Federation to benefit members.

SIGNED:.....

POSITION:.....

DATE:.....

Please return this form to:

FEDERATION OF PARENTS AND CITIZENS' ASSOCIATIONS OF NSW

Postal Address: Locked Bag 40 Granville NSW 2142

Phone: 1300 885 982

Email: insurance@pandc.org.au

Internet: www.pandc.org.au