



AUSTRALIAN OZTAG ASSOCIATION INC

YOUR CURRENT COVER INCLUDES DEATH & PERMANENT DISABLEMENT & NON MEDICARE MEDICAL

Why not upgrade your cover to include Loss of Income Cover
For only \$99 (including all charges) per team

Summary of Cover

Loss of income	Up to \$500 per week / 14 day excess / 52 week benefit period
Student help	Up to \$200 per week / 14 day excess / 52 week benefit period
Home help	Up to \$200 per week / 14 day excess / 52 week benefit period

Please visit www.oztag.com.au click on the “resources” tab and then “insurance” to complete the registration form and return to **SureFinity Insurance Brokers** including credit card details for payment of this extension.

Broker Contact Details:

Nathan Case - Principal

Suite 12 14-18 Discovery Drive, North Lakes QLD 4509

T 1300 450 663 F +61 (7) 3886 2615

www.surefinity.com.au



SureFinity Insurance Brokers Pty Ltd t/as SureFinity Insurance Brokers I ABN:72 077 553 889 is an Authorised representative of Ausure Pty Ltd ABN 94 096 971 854 AFSL 238433. General Advice Warning: Please be aware that any advice that may have been given or implied is general advice only. We have not taken into consideration your individual needs, objectives or financial requirements. Before deciding to purchase a financial product, you should consider the appropriate Product Disclosure Statement to ensure the product is suitable for your needs.



TEAM - OFFICIAL LOSS OF INCOME COVER REGO FORM COMPETITIONS



TEAM NAME:

TEAM DELEGATE:

DELEGATE'S ADDRESS:

EMAIL:

CONTACT NUMBERS: (HM)

(WK)

TOURNAMENT AREA:

TOURNAMENT DATES:

DIVISION:

MENS

WOMENS

MIXED

(MOB)

Indemnity: We the below signed hereby declare and agree that we are participating in the OZTAG Tournament at our own free will & entirely at our own risk. We agree to abide by all rules as determined by the organisers.

We further warrant that we are in a fit state of health to play and understand that while risk management strategies are in place at our venue, I participate in Oztag knowing that injuries may still occur.

Signature: All players have signed this registration form confirming that they have read and understood the Insurance Cover for Players on the reverse of this sheet as well as Conditions of Play. Any player that has not signed or paid their Individual Registration Fee understands that they are not a Registered player and can not claim Insurance.

TEAM DETAILS

PRINT FULL NAME	OFFICE	ADDRESS (inc P/C)	PHONE NO.	DOB	SIGNATURE

Personal Accident Insurance For Oztag Teams

Limit any one injury (whilst playing Oztag) in this tournament of \$500 per week (limited to 52 weeks in total with an excess of 14 days)

This cover is over and above any existing cover offered by Oztag. Premium per team = \$99



PLEASE FORWARD A COPY OF THIS REGISTRATION FORM ALONG WITH PAYMENT OF \$99 gst inclusive PER TEAM (prior to the commence of the tournament) to:

SureFinity QLD PO BOX 421 NORTH LAKES QLD 4509 PHONE 1300 450 663 FAX 07 3886 2615 Email nathan@surefinity.com.au

Payment can be paid by either cheque or Credit Card

Credit Card Details:

Name on Card _____

Card No: _____

Expiry Date: _____

CCV No: _____



Payment can be paid by either cheque or Credit Card	Credit Card Details: Name on Card _____ Card No: _____ Expiry Date: _____ CCV No: _____
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