



Group Personal Accident & Sickness Quotation Request

Please complete this form and email to grouppa@lutine.com to obtain a quotation. Please allow 24 hours for a response.

Agency Name	
Contact Name:	
Telephone No:	
Email Address:	

Client Registered Name:

Business Description/Trade:

Address:

Description of Insured Persons (as Required):

Category A:	
Category B:	
Category C:	

(If any staff are involved in manual work, each occupation must be stated as a separate category)

Payroll and number of lives

Total salary/wages paid excluding bonuses & overtime

Category A:	Wageroll: <input type="text"/>	No of Insured Persons: <input type="text"/>
Category B:	Wageroll: <input type="text"/>	No of Insured Persons: <input type="text"/>
Category C:	Wageroll: <input type="text"/>	No of Insured Persons: <input type="text"/>

What is the highest salary paid to any one person? £

Benefits required:

Please enter sums insured for the benefits required. These can be either a flat sum amount or a multiple of the salary payable.

ACCIDENTAL BODILY INJURY BENEFITS:

	Category A	Category B	Category C
1. Accidental Death	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
2. Permanent Total Disablement	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
3. Loss of limbs	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
4. Loss of sight	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Category A Category B Category C

5. Temporary Total Disablement

£

£

£

What benefits periods are required for each category in weeks:

What deferred periods are required for each category:

SICKNESS BENEFITS

Please enter sums insured for the sickness benefits required. **Category A** **Category B** **Category C**

6. Total and irrecoverable loss of sight of both eyes

£

£

£

7. Permanent Total Disablement by paralysis

£

£

£

8. Temporary Total Disablement

£

£

£

What benefits periods are required for each category in weeks:

What deferred periods are required for each category (minimum 7 days):

Cover Period: *(Please delete as applicable)*

24 Hours Worldwide / Occupational including commuting / Occupational excluding commuting

Claims Experience or Accident and / or Sickness Record:

Please provide details of all claims in the last 3 years if insurance has been purchased for the period, otherwise please advise details of any incidents of accident & illness that have occurred during this period which have resulted in a claim.

Additional information and / or specific requirements:

For further information please contact:

Emma Gardner – Account Executive, Business Development

Email: emma.gardner@lutine.com

Tel: 0121 200 5501