

Group Personal Accident &/or Illness Proposal Form

Details of the Person to be Insured

Title: Mr Mrs Miss Ms Other.....

Forenames:.....

Surname:.....

Address:.....

.....Post Code:.....

Date of Birth:.....Height.....Weight.....

Right or Left Handed:.....Occupation:.....

Details of Occupational Duties:.....

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Please answer the following questions YES or NO, and give details where applicable:-

Dates and details where questions answered YES :-

- | | |
|--|--------|
| 1. Have you any physical defect or infirmity, or any defect of your sight or hearing or other senses and faculties ? | YES/NO |
| 2. Have you ever suffered from: | |
| a. Clinical depression or anxiety, or any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind ? | YES/NO |
| b. High blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic or arthritic condition. | YES/NO |
| c. A 'slipped disc' or other spinal disorder, a hernia, or any rheumatic fever or diabetes ? | YES/NO |
| d. Any respiratory, urinary or allergic condition or any disorder of the digestive system ? | YES/NO |
| e. Any other condition or injury needing medical advice or treatment in the past three years, or any symptom or tendency that might necessitate this in the future ? | YES/NO |
| 3. Have you ever been declined or accepted on special terms for life, accident or illness insurance ? | YES/NO |
| 4. Have you ever received counselling or any medical advice, tested positive for, or had treatment in connection with A.I.D.S or any A.I.D.S. related condition ? | YES/NO |
| 5. Do the weekly benefits under all insurances carried by you, including this proposed one, exceed your average weekly net earnings ? | YES/NO |
| 6. Do you anticipate that you might: | |
| a. Travel extensively or reside temporarily outside the United Kingdom ? | YES/NO |

- b. Undertake more than 20 air flights per annum, or fly other than as a fare-paying passenger ? (if so please state full details and expected number of flights) YES/NO
- c. Engage in football, rugby, equestrian or Winter sports, or any other sports or other pastimes rendering you liable to personal injury ? YES/NO
7. Are there any additional facts affecting the Proposed insurance which should be disclosed to the Underwriters ? YES/NO

SUMS INSURED REQUIRED:
Personal Accident (and or Illness if selected)

Benefits 1 to 7 (Maximum 5 x Annual Earnings in the preceding 12 months):

Benefit 8 (Maximum 65% of Gross Average Weekly Wage during the preceding twelve months):

DECLARATION

I believe the statements made in this proposal to be true and complete and I understand that they will form the basis for the Underwriters' consideration of my request for insurance. I declare, that apart from the matters declared on this proposal, I am in good health and ordinarily enjoy good health. I consent to the Underwriters seeking medical information from any doctor who has at any time attended me concerning anything that affects my physical or mental health and seeking such information from any Insurance Office to which a proposal has been made for insurance on my life and I authorise the giving of such information.

Signature of the Person to be insured

.....Date.....

Name and Address of Proposer if other than person to be insured

.....

.....Tel No.....

Signature of Proposer

..... Date.....

Important Notes

Depending on your occupation, age, and the other information some benefits may not be available or may be amended. Premiums for can be reduced if you are prepared to accept an excess period during which no benefit is payable. Excess options are 7, 14, 21 or 28 days, 6, 8, 13 or 26 weeks.

Principal Exclusions

The insurance excludes claims arising from:- suicide, attempted suicide, intentional self-injury, deliberate exposure to exceptional danger (except in an attempt to save human life); the Insured Person's own criminal act; riding or driving in any kind of race, operational duties as a member of the armed forces, and mountaineering and rock climbing normally requiring the use of ropes or guides; war, terrorism, invasion, civil war, armed hostility, rebellion, revolution, overthrow of a legally constituted government, insurrection or military or usurped power, explosion of war weapons(s), utilisation of chemical weapons or biological weapons, the release of weapons of mass destruction, act of an enemy foreign to the nationality of the insured person or of the country in which the act occurs; aviation except when travelling by air as a passenger; HIV/AIDS and related illness; pregnancy and childbirth; radioactive contamination.

IMPORTANT NOTICE

The proposal form should be completed to the best of your knowledge and belief, and all material facts (see following*) should be disclosed; failure to do so may nullify cover under any insuring document issued.

*A material fact is one that is likely to influence the Underwriters' acceptance or assessment of your proposal; if in any doubt please consult with your Insurance Broker. You may find it helpful to keep an independent record of the information that you supply in connection with your proposal, including copies of any relevant letters. A copy of your completed proposal form is available from your broker on request within three months. If you consider the answer to any question in the proposal from requires expert knowledge, which you do not have, please indicate this in your answer.