

• GROUP PERSONAL ACCIDENT INSURANCE • PROPOSAL FORM

In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

Vat No.:

<p>1. (a) Name of Proposer:</p> <p>(b) Mailing Address: (including Postal Code)</p> <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) Business Occupation or Trade:</p> <p>(f) Period of Insurance</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>From To</p>
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<p>2. This insurance is to cover</p> <p>(a) accidents occurring at any time? <input type="checkbox"/> OR (b) accidents of employment only? <input type="checkbox"/></p>

BENEFITS REQUIRED (COMPLETE EITHER QUESTION 3 OR QUESTION 4)

3. If insurance is required on a NAMED PERSONS basis, complete the table below:				
Names of persons to be insured (extend on separate sheet if necessary)	Occupation (full description)	BENEFITS (Show the fixed amounts required)		
		(A) Death	(B) Permanent Disablement	(C) Temporary Total Disablement
				Per week
				Per week
				Per week
				Per week
				Per week
				Per week
				Per week

4. (a) If insurance is required on an UNNAMED PERSONS basis, complete the table below:

Classes of persons to be insured	Estimated number	Estimated gross annual wages or salaries	BENEFITS			Show the fixed amount required
			Show either the fixed amounts required or the multiple of wages-salaries required.			
			(A) Death	(B) Permanent Disablement	(C) Temporary Total Disablement	(D) Medical Expenses
Managerial, administrative and clerical staff who do not engage in manual work					Per week	
Employees engaged with woodworking machinery including machinists and machinists labourers					Per week	
All other employees Give full description of occupations below:-					Per week	
(a)						
(b)						
(c)						
(d)						
(b) What is the highest annual salary per person likely to be paid?					

5. If any of the Insured persons are likely to travel together in one aircraft or other form of transport, please state:-

Possible number of persons	Total of the accumulated (Death or Permanent Disablement) Benefits likely to be involved.
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6. Do the persons to be insured	
(a) Travel abroad	Yes No
If 'Yes' do they travel:	Regularly Infrequently
Is travel by:	Air Sea

7. Do you wish to insure employees against accidents resulting from:	
(a) the use of woodworking machinery	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) hunting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) steeple-chasing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) racing of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) rugby football?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) polo?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) motor cycling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) mountaineering?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) big game shooting	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) winter sports?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(k) air travel other than as defined overleaf?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' state	
(i) the extent to which the activities are engaged in
(ii) names of the persons concerned

8. How many accidents causing disablement have occurred to the persons to be Insured during the past three (3) years?
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9. Are the persons concerned to the best of your knowledge in sound health and free from physical defect or infirmity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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10. Has any Insurer ever declined a Collective Personal Accident Proposal covering your employees or declined to continue such insurance or imposed increased rates or special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed by Proposer

Name (Please print)

Signature..... Date