

• PERSONAL ACCIDENT INSURANCE •

Individual Proposal Form

Form to be completed by Employee. All information will be treated as strictly confidential.

Vat No.:

Policy No.: Employer:	
1. (a) Name in full (b) Occupation (c) Date of Birth
2. Have you suffered, or do you suffer from (a) impairment of sight or hearing, varicose veins, rupture or any ailment affecting the heart? (b) any other serious injury or illness?
3. Do you engage in hunting, steeplechasing, racing of any kind (other than on foot), rugby, football, polo, motorcycling, mountaineering, winter sports, aeronautics, or air travel other than as a passenger by a regular airline on multi-engine charter aircraft operating over a scheduled route? If so, which?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has any insurer ever declined a life, accident or illness proposal from you, or declined to continue your insurance or imposed special conditions? If so, please state	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is this insurance to be additional to any other accident or illness policy? If so, give particulars of all other policies.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I hereby declare that the above answers are true, that, to the best of my knowledge, I am in good health and that I am/always have been of strictly sober habits.	
Date: Signature	