



The **straightforward**  
**simple** solution

# UGM Magenta Ltd Personal Accident & Sickness Insurance

## Cover Options

- Personal Accident
- Personal Accident & Sickness
  
- Capitals only
- Capitals & Weeklies
  
- Proportional Benefits (eg £10,000 Capital & £100 Weeklies)
- Disproportional Benefits (eg £30,000 Capitals & £200 Weeklies)

*Weeklies must not exceed net weekly earnings*

Quotations are available for sports teams, groups and unusual risks by phone, fax or e-mail.

### Age Limits for new applicants without current insurance

- 16 to 50

### Age Limits for new applicants with current insurance

- 16 to 65 years for Accident
- 16 to 55 years for Sickness

*It may be possible to offer terms outside these limits on receipt of a fully completed proposal form.*

## Personal Accident Benefits

### (Capitals = 1-7 and Weeklies 8 & 9)

- 1 Death
- 2 Loss of one limb
- 3 Total and irrecoverable loss of sight of one eye
- 4 Loss of two limbs
- 5 Total and irrecoverable loss of sight in both eyes
- 6 Loss of one limb and total and irrecoverable loss of sight in one eye
- 7 Permanent Total Disablement
- 8 Temporary Total Disablement (per week)
- 9 Temporary Partial Disablement (per week) - 50% of Benefit 8 (Only available to persons in sedentary, non-manual occupations)

## Sickness Benefits

### (Capitals = 10 & 11 and Weeklies 12)

- 10 Total and irrecoverable loss of sight in both eyes
- 11 Permanent Total Disablement by Paralysis
- 12 Temporary Total Disablement (per week)

*The standard number of weeks for which Benefits 8, 9 and 12 are payable is 52*

## Administered by UGM Magenta Ltd

112A Market Street  
Chorley  
Lancashire  
PR7 2SL  
Tel: 0844 555 1055  
Fax: 0844 555 1066

E-mail: [insurance@ugm.co.uk](mailto:insurance@ugm.co.uk)  
[www.ugm.co.uk](http://www.ugm.co.uk)

Underwritten by Certain Underwriters at Lloyd's  
Authorised and regulated by the Financial Services Authority

PLEASE PHOTOCOPY THE FAXBACK FORM ON THE REVERSE OF THIS SHEET,  
COMPLETE THE DETAILS AND THEN FAX TO 0844 555 1066.

# Personal Accident & Sickness Insurance

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## Faxback 0844 555 1066

**PHOTOCOPY AND COMPLETE THIS FORM THEN FAX TO 0844 555 1066.  
PLEASE ENSURE YOU INCLUDE YOUR FAX NUMBER TO ALLOW US TO REPLY.  
IF YOU PREFER PLEASE RING US ON 0844 555 1055.**

A **keyfacts** statement can be downloaded from [www.ugm.co.uk](http://www.ugm.co.uk) or emailed upon request.

Broker's Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_ (Unable to reply without this)

### *For UGM Use Only*

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Agent's Code: \_\_\_\_\_

Quote Ref: \_\_\_\_\_

#### **Cover Required:**

Personal Accident

Personal Accident & Sickness

#### **Benefits Required:**

Capital Sums £ \_\_\_\_\_

Weekly £ \_\_\_\_\_  
(NOT to exceed net weekly wage)

Proposer's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Full Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_ Duties: \_\_\_\_\_

Self Employed? **YES / NO** If **YES**, for how long? \_\_\_\_\_

If less than 1 year - previous occupation: \_\_\_\_\_

Net weekly pay: £ \_\_\_\_\_ Gross weekly pay: £ \_\_\_\_\_

Current Insurer: \_\_\_\_\_ Are they offering renewal? **YES / NO** If **No**, why? \_\_\_\_\_

Last year's premium: £ \_\_\_\_\_ This year's renewal premium: £ \_\_\_\_\_

**Please give any information and material facts likely to influence the Underwriter in considering a proposal eg adverse medical history or condition.**

Please provide full details of any sports or hazardous activities the proposed insured participates in.