



Personal Accident & Sickness Insurance Proposal Form

Agent ref:

Important. Before any question is answered please read the **keyfacts** statement, Important Notes and Declaration. Every question must be answered fully by the person to be insured or on his / her behalf by the proposer.
A specimen policy wording is available from your insurance adviser on request.

PLEASE COMPLETE IN BLOCK CAPITALS

PERSONAL DETAILS OF THE PERSON TO BE INSURED.

1. Name in full

2. Address (inc full postcode)

3. Height OR

4. Weight OR

5. Date of birth

6. All occupations

7. Description of occupational duties

8. Are you self employed?
 YES NO
 a If **YES** for how long?
 b If less than 1 year what was your previous occupation?

9. Name & address of usual medical attendant
 Name
 Address

Questions 10,11 & 12 to be completed by the proposer if other than the person to be insured

10. Full name of the proposer

11. Relationship to the person to be insured

12. Full address of the proposer (inc postcode)

PLEASE COMPLETE IN BLOCK CAPITALS

Please answer the following questions concerning the person to be insured by ticking the relevant box.

For all questions answered **YES** please provide **full details of dates, treatment & medication (including dosage)**

13. Have you any physical defect or infirmity or any defect of your sight or hearing or other senses and faculties?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details

14. Do you now, or have you ever, suffered from:

(a) clinical depression or anxiety, or any nervous or mental condition, alcohol or drug addiction, fainting episode, blackout, fit or paralysis of any kind?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details

(b) high blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details and when relevant the last blood pressure reading with date

(c) a "slipped disc" or other spinal disorder, a hernia, or any rheumatic or arthritic condition?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details

(d) any respiratory, urinary or allergic condition, or any disorder of the digestive system?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details

(e) any other condition or injury needing medical advice or treatment, or had any accidents or illnesses that have prevented you from attending to your business or occupation for a period of 14 days during the past five years, or any symptom or tendency that might necessitate this in the future?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details

15. Have you ever been declined or accepted on special terms for life, accident or sickness insurance?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details

16. Have you ever, or do you have any reason by way of lifestyle to believe that you could test positive for HIV/AIDS or hepatitis B or C, or have you been tested for other sexually transmitted diseases, or are you awaiting the result of such test?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details

PLEASE COMPLETE IN BLOCK CAPITALS

17. Do the weekly benefits under all insurances carried by you, including this proposed one, exceed your average weekly net earnings?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details

18. Do you anticipate that you might:

(a) travel extensively or reside temporarily outside the United Kingdom?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** When, where & for how long

(b) undertake more than 20 air flights per annum, or fly other than as a fare-paying passenger?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please provide full details and expected number of flights

(c) engage in football, rugby, equestrian or winter sports, or any other sports or pastimes rendering you liable to personal injury?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES**, Is cover required whilst participating in this activity? (This may involve an increase in the premium)

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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IF **YES** Please state which sports and frequency

19. Are there any other additional facts which should be disclosed to the Underwriters?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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If you are in any doubt as to whether any information is material it should be disclosed.

IF **YES** Please provide full details

Current Insurer Details

How long have you had Personal Accident (and Sickness) cover

Years	Months
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Current Insurer

Policy Number

Expiry Date

UGM Magenta Ltd reserves the right to contact your present/previous Insurers for further details of your insurance history

Previous Claims

Please list all previous claims

<u>Date</u>	<u>Length of Incapacity</u>	<u>Cause</u>	<u>Amount</u>

Benefits

Personal Accident Only

 Yes

} **Please ensure**
} **only one box**
} **is ticked**

Personal Accident & Sickness Cover

 Yes

Benefits (Please refer to table on the **keyfacts** statement)

Capital Sums (Benefits 1 - 7 plus 10 & 11 if Sickness is to be covered)

Weekly Benefit (Benefit 8 plus 12 if Sickness is to be covered)

Age Limits

Applicants **without** current insurance

16 to 50 years

Applicants **with** current insurance

16 to 65 years

for Accident only cover

16 to 55 years

for Sickness cover

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

Important Notes

- The proposal should be completed to the best of your knowledge and belief and all material facts disclosed. Failure to do so may nullify cover. (A material fact is one that is likely to influence the Underwriters' acceptance of the Proposal; If you are in any doubt as to whether any information is material it should be disclosed.)
- If you consider that the reply to any question in the Proposal Form requires expert knowledge which you do not have, please indicate this in your written answer.
- Immediate notice must be given of any change in your occupation.
- A copy of your completed Proposal Form is available on request within three months.
- The law of England will apply to this insurance unless specifically agreed to the contrary.

Declaration

I/we have read the proposal form and declare that to the best of my/our knowledge and belief the information, answers and statements are true and complete and shall form the basis of a contract of insurance in the event that the proposal is accepted by Underwriters. I declare that apart from the matters declared above 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 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. I/we also declare that if anything on this form was written by another person, he acted or she acted as my/our agent and not for the Underwriter for this specific purpose. I/We apply for a contract of insurance between the Underwriter and myself/ourselves and agree to accept the Underwriter's standard form of contract for this class of insurance.

Data Protection Act

Underwriters may use the information you supply, or which you give to third parties, to provide you with a quotation, to administer your policy, to search the files of credit reference agencies who may keep a record of the search, to assess and handle claims and to undertake compliance business reviews. Underwriters may also share these details with other insurance organisations to help offset risk, to help administer your policy and handle claims and prevent fraud. You must ensure that all information you provide regarding other people is accurate and you have obtained their consent to disclose the data. By providing your details you consent to such information being processed by Underwriters or their agents. If you have any queries please ask your insurance adviser.

Warning

Before signing this form please read the **keyfacts** statement, Important Notes and the Declaration above and ensure all questions have been answered correctly and accurately.

Signature of the Person
to be Insured

Date

Signature of Proposer
(if other than Insured Person)

Date