

Please use this space to provide applicable details to answers given overleaf.

Notice to the Proposer/Assured

The Parties to this Insurance are free to choose the law applicable to this insurance contract. Unless specifically agreed to the contrary this Insurance shall be subject to English Law.

Benefits and premium rates will be quoted by your Insurance Broker/Intermediary and are subject to Underwriters terms and conditions.

If you would like a copy of this Proposal Form sent to you, please advise your Insurance Broker/Intermediary.

A copy of the full Certificate of Insurance may be seen upon application to your Insurance Broker/Intermediary.

Any enquiry or complaint should be addressed in the first instance to the issuing Insurance Broker/Intermediary. If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Dept at Lloyd's to review your case without prejudice to your rights in law. The address is:-

Complaints and Advisory Dept
Lloyd's
One Lime Street
London
EC3M 7HA
Telephone: 020 7623 7100

Personal Accident Insurance With Optional Illness & Redundancy Benefits

Proposal Form

INSURANCE BROKERS/INTERMEDIARIES
NAME AND ADDRESS

**Effected
with
Certain Syndicates at Lloyd's**

Proposal Form

Personal Accident Insurance With Optional Illness & Redundancy Benefits

Available to U.K. residents only

In addition to the Personal Accident benefit section of this Insurance you may select any combination of optional weekly Illness and/or Redundancy benefits.

Full name of Person to be Insured: _____

Address: _____

Post Code: _____ Home Tel _____ Work Tel. _____

Date of Birth: _____ Height: _____ Weight: _____

Occupation: (if more than one, state all) _____

Full description of Occupational duties: _____

Gross Annual Income: £ _____

Please answer the following questions Yes or No and give details where applicable in the space provided overleaf on page 4.

1. Is there any manual work involved in your Occupational duties?
2. Have you any physical defect or infirmity, or any defect of your sight or hearing or other senses or faculties?
3. Have you ever suffered from any of the following:
 - (a) clinical depression or anxiety, or any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind?
 - (b) high blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes?
 - (c) a "slipped disc" or other spinal disorder, a hernia, or any rheumatic or arthritic condition?
 - (d) any respiratory, urinary or allergic condition, or any disorder of the digestive system?
 - (e) any other condition or injury needing medical advice or treatment in the past five years, or any symptom or tendency that might necessitate this in the future?
4. Have you ever been declined or accepted on special terms for life, accident or illness insurance?
5. Have you ever received counselling or any medical advice, test or treatment in connection with A.I.D.S. or any A.I.D.S. related condition?

6. Do the weekly benefits under all insurances carried by you, including those that are applied for in this proposal, exceed your average weekly net earnings?
7. Do you anticipate that you might:
 - (a) travel extensively or reside temporarily outside the United Kingdom?
 - (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)
 - (c) engage in football, rugby, equestrian or winter sports, or any other sports or pastimes rendering you liable to personal injury?
8. Are there any additional facts affecting the proposed insurance which should be disclosed to the Underwriters?
9. **Redundancy Benefit:** This cover is only available to those persons who have been continuously employed by the same employer for a minimum period of 2 years. If you qualify and require cover please complete the following:
 - (a) Name & Address of Employer: _____
_____ Post code: _____
 - (b) State date employment commenced: _____
 - (c) Do you work on a fixed term contract with a specified term? (e.g 6 months)
 - (d) Do you know of any impending unemployment which may affect you or are you in dispute or in the course of any disciplinary action with your employer?

Select the amount of Benefit required

Accident Capital Benefit <small>(Death, Loss of Eyes or Limbs)</small> £	Accident Weekly Benefit £ per week	Optional Illness Weekly Benefit £ per week	Optional Redundancy Weekly Benefit £ per week
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Insurance to commence from _____

Declaration

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the Insurance. (N.B. a material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it).

I understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal, and I further understand that the signing of this proposal does not bind me to complete or Underwriters to accept this Insurance.

Signature of Person to be Insured _____ Date _____