



# Individual Personal Accident

Proposal

**GROUPAMA INDIVIDUAL PERSONAL ACCIDENT & ILLNESS**

**Please complete all sections of this form in BLOCK CAPITALS**

DATE FROM WHICH COVER IS REQUIRED

Please enter the date when you wish the insurance cover to start ONLY if different from the date of receipt of this proposal form at our office.

Insurance Start Date  /  /

Insurance cover will not be backdated under any circumstances.

**PROPOSER**

Surname  First name  Title  Initials

Date of birth  /  /  Sex  Marital status

Height  Weight  National Insurance Number

Address

Postcode

Tephone numbers Home  Work  Mobile

**OCCUPATION** (Please give full details)

Are you Self Employed? Yes  No

Main Occupation  Other Occupation(s)

Employer's Name or Business Name if Self Employed

Employer's Address

Postcode

If employed, how long have you worked for your current Employer?  Years  Months

May we contact you at your Employers address if necessary? Yes  No

What are your current monthly earnings before tax and National Insurance deductions? £  per month

Do you undertake work abroad? Yes  No

Do you undertake manual or physical work? Yes  No

If you have answered "Yes" to manual and physical work, do you undertake work that exceeds:

a) 10 metres in height? Yes  No

b) 3 metres in depth? Yes  No

If you have answered "Yes" to any of these questions please provide full details. We reserve the right to alter the standard Policy terms according to individual circumstances.

**GENERAL QUESTIONS** (Please complete all questions)

	Yes	No
1. Have you:		
a. been subject to any declaration of bankruptcy or insolvency or are such measures pending?	<input type="checkbox"/>	<input type="checkbox"/>
b. been convicted of any criminal offence or have such prosecution pending?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you:		
a. any physical or mental defect or infirmity including defective sight or hearing?	<input type="checkbox"/>	<input type="checkbox"/>
b. suffered from any recurring, intermittent, acute or chronic disease condition or disorder?	<input type="checkbox"/>	<input type="checkbox"/>
c. suffered from back pain, heart disease, anxiety, depression or mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 12 months have you sought medical advice for any condition or injury?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever, in respect of accident, illness, medical or life assurance had an insurer:		
a. defer or decline a proposal, refuse renewal or terminate an insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b. require an increased premium or imposed special conditions?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been insured in respect of accident and illness cover?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you made a proposal for accident and illness cover which is still outstanding?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever claimed benefits under any accident and illness Policy?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any of the above questions please provide full details, continuing on a separate sheet if necessary. You are not required to disclose convictions regarded as "spent" by virtue of the Rehabilitation of Offenders Act 1974.


**BENEFIT** (Please select the cover required)

**ACCIDENT**

	Cover Required	Benefit Amount
Death	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Loss of sight, Loss of limb(s), Loss of speech or hearing or Permanent Total Disablement	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Temporary Total Disablement (Not available without Death or Permanent Total Disablement)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/> (per week)

**ILLNESS**

	Cover Required	Benefit Amount
Temporary Total Disablement (Not available without Accident Temporary Total Disablement)	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/> (per week)

**Important Note**

The Benefit Amount chosen for Accident / Illness Temporary Total Disablement must not exceed 75% of your average weekly taxable earnings over the previous 12 months. In the event of a claim we will require proof of your earnings to validate your claim.

## OPTIONS

Please complete the following section ONLY if you wish to alter the standard Policy cover periods.

The standard Accident Temporary Total Disablement benefit period is 52 weeks. This is how long the benefit will continue to be paid. If you wish to change the benefit period please indicate the period you require below.

Accident revised benefit period      13 weeks                                       26 weeks                                       104 weeks

The standard Illness Temporary Total Disablement benefit period is 52 weeks. This is how long the benefit will continue to be paid. If you wish to change the benefit period please indicate the period you require below.

Illness revised benefit period              13 weeks                                       26 weeks

We reserve the right to alter the standard benefit periods and or deferment periods according to individual circumstances.

## SPORTS AND HAZARDOUS PASTIMES

The standard Policy will not pay benefit for accidents or illness arising through some sports or hazardous pastimes. These include sports and pastimes such as boxing, equestrian activities, flying, football, hockey, rugby, motorcycling, martial arts, motor sports, scuba diving, sailing and the like. Full details of the excluded sports and activities are shown in the Policy wording, a copy of which is available upon request.

If you require cover for participation in a sport or pastime including motorcycling please provide details of the sport(s) and pastime(s) below.

  
  

## PREMIUM

Quoted:       Quote reference:

**Please read the following Note and Declaration carefully before signing.**

### Note

Disclosure of material facts. You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim. You should disclose all material facts, i.e. those which might influence acceptance or assessment of your insurance. If you are in any doubt as to whether a fact is material or not you should disclose it. Please keep a record (including copies of letters) of all information supplied for the purpose of entering into this Contract of Insurance. A copy of this proposal can be supplied on request within a period of three months after its completion. A copy of the Policy is available upon request.

### Declaration

I declare that the answers in this proposal are true to the best of my knowledge and belief and that this proposal shall form the basis of the contract with Groupama Insurance Company Limited. I agree to accept the Policy terms and conditions that are applicable to this insurance and that the insurance will not be effective until the proposal has been accepted by Groupama Insurance Company Limited.

Signed       Date

### Data Protection Act

You should understand that we will hold and process sensitive information concerning your health and other personal data for the purpose of insurance administration. To do this we may pass information to third parties. This may involve passing information to other countries including those that have limited or no data protection laws. By affecting or renewing this Policy you give explicit consent to us holding and processing this data about you and you confirm that all the data you supply is accurate. Telephone calls may be recorded.

### Law Applicable to this contract

You have the freedom to choose the law applicable to this contract but in the absence of agreement with us this contract will be governed by and construed in accordance with English law and will be subject to the jurisdiction of the English Courts.