



Group Personal Accident

Supplementary Proposal Form

**GROUP PERSONAL ACCIDENT****IMPORTANT**

Prior to completing this proposal please note that failure to disclose material information (i.e. information that would influence the acceptance of the risk and/or terms applied) could invalidate the Insurance. If you are in any doubt as to whether any information is material it should be disclosed.

**PROPOSER**

Full Name

Address

Person to be Insured (if not proposer named above)

1. Full Name

2. Occupation

3. Date of Birth  Height  Weight

Tick YES / NO box as appropriate - if YES give details overleaf

4. Does the Person to be Insured engage in any of the following as part of their job:

Driving? YES  NO

Use of Machinery or Tools? YES  NO

Manual or physical activity? YES  NO

Travel abroad? YES  NO

5. Are there any other factors of the job or the working environment of the Person to be Insured that are hazardous? YES  NO

(e.g. working at height, depth or extremes of temperature?)

6. Does the Person to be Insured engage in any of the following? YES  NO

Winter sports (other than skating or curling), Equestrian sports, driving or riding in any kind of race or competition, riding Motor Cycles or Scooters, Diving, Rock Climbing or Mountaineering normally involving the use of ropes or guides, Pot-holing, Ballooning, Hand-gliding, Parachuting, Power Boating (other than in vessels incapable of speeds in excess of 20 knots) or Yachting outside UK territorial waters.

7. Has the Person to be Insured: YES  NO

a) any physical or mental defect or infirmity? YES  NO

b) defective sight or hearing? YES  NO

c) suffered from any recurring, intermittent, acute or chronic disease condition or disorder? YES  NO

8. In the past 12 months has the Person to be Insured sought medical advice for any injury or condition (other than minor ailments)? YES  NO

9. Has any insurer in connection with Accident, Sickness, Medical or Life Insurance in respect of the Person to be Insured ever:  
a) deferred or declined a proposal, refused renewal or terminated insurance? YES  NO

If you have answered YES to any of the questions above please give full details:

## FINANCIAL DETAILS

Please also answer the following questions:

10. Why is the Sum Insured requested needed for this particular person?

11. What is the gross annual remuneration payable to the Insured Person including guaranteed overtime, commission and bonus payments £

12. What was the total remuneration of the Person to be Insured in each of the last 3 years?

Year  £

Year  £

Year  £

13. Are there any other Personal Accident, Life or PHI policies on the Person to be Insured? (If waiting to hear select 'YES')

YES  NO

### Declaration

I declare that to the best of my knowledge and belief the above statements and particulars are true and complete.

Signed  Date

### Data Protection Act

You should understand that we will hold and process your and any insured persons' sensitive health and other personal data for insurance administration purposes. To do this we may pass information to third parties and other insurers. 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 any insured person and you confirm that all the data you supply is accurate and that you have the specific consent of all insured persons to disclose their personal data. Telephone calls may be recorded.