



Accident  
or  
Accident & Illness  
  
**Proposal Form**



**BEFORE ANY QUESTION IS ANSWERED PLEASE READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL, WHICH MUST BE SIGNED. EVERY QUESTION MUST BE ANSWERED FULLY AND CORRECTLY BY THE PERSON TO BE INSURED OR ON HIS BEHALF BY THE PROPOSER. TO PRESERVE CONFIDENTIALITY, INFORMATION MAY BE SOUGHT FROM YOUR MEDICAL PRACTITIONER BY A MEDICAL OFFICER AUTHORISED BY UNDERWRITERS. PLEASE IN ANY EVENT PROVIDE YOUR MEDICAL PRACTITIONER'S NAME AND ADDRESS.**

**1.** Name & address in full of the Proposer (if other than the Person to be insured)

Relationship to the Person to be insured

**ALL THE FOLLOWING QUESTIONS RELATE TO PERSON TO BE INSURED**

**2.** Name & address in full of the Insured

Date of Birth:

Height:

Weight:

--	--	--

Name & address of your Medical Practitioner

**3.** Nature of business or occupation in which you are engaged (if more than one, state all).  
If your duties are not solely of an office or administrative nature please give details.



4. State period of insurance & commencement date required

Period:	Commencement Date:
---------	--------------------

5. What capital sum do you wish to insure?

This total sum payable under the insurance in respect of any one or more claims in respect of any one Insured Person shall not exceed in all the largest sum insured under any one items contained in the Scale of Benefits.

6. The insurance provides cover for different events according to a fixed Scale of Benefits (see below), but is subject to a maximum limit known as the Capital Sum. Underwriters' liability under the insurance will never exceed the Capital Sum regardless of the number of insured events that may occur.

(Please consider & select an appropriate Capital Sum, if none of these scales are suitable, please insert your requirements under F)

Scales of Benefits (in percentages of the Capital Sum)	A	B	E	F	G
<b>Benefits payable in respect of ACCIDENT</b>					
- Death	100%	100%	100%		100%
- Total and irrecoverable loss of sight of both eyes	-	100%	100%		100%
- Total and irrecoverable loss of sight of one eye	-	50%	100%		50%
- Loss of two limbs	-	100%	100%		100%
- Loss of one limb	-	50%	100%		50%
- Total and irrecoverable loss of sight of one eye and loss of one limb	-	100%	100%		100%
- Permanent total disablement (other than total irrecoverable loss of sight of one or both eyes or loss of limb(s))	-	-	100%		100%
- Temporary total disablement (per week)	-	-	1%		0.6%
- Temporary partial disablement (per week)	-	-	0.25%		0.15%
MAXIMUM number of weeks for which benefits are payable under Items 8 & 9	-	-	104		52
<b>Benefits payable in respect of ILLNESS</b>					
- Total and irrecoverable loss of sight of both eyes	-	-	-		100%
- Permanent total disablement by paralysis	-	-	-		100%
- Temporary total disablement (per week) EXCLUDING the first week of disablement	-	-	-		0.6%
MAXIMUM number of weeks for which benefits are payable under Item 12	-	-	-		26



**IF YOU TICK ANY OF THE SHADED BOXES FULL DETAILS ARE REQUIRED & UNDERWRITERS MAY WISH TO AMEND THE COVERAGE PROVIDED.**

	YES	NO	DETAILS
<b>7.</b>			
<ul style="list-style-type: none"> <li>Are you now insured against or illness? If <b>YES</b>, with whom and for what capital amount and weekly or monthly benefits?</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Do the weekly or monthly benefits under all the policies carried by you, including that now applied for, exceed your average net weekly/monthly income? If <b>YES</b>, give details</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>8.</b>			
<ul style="list-style-type: none"> <li>Do you intend to fly as a passenger in excess of 20 times per annum? If <b>YES</b>, please state the anticipated number of flights per year &amp; destinations and type of aircraft (e.g. commercial/private fixed wing/helicopter)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Do you intend to fly other than as a passenger? If <b>YES</b>, give details.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>9.</b>			
Do you participate in any of the following:			
<ul style="list-style-type: none"> <li>Winter Sports</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Skin Diving involving the use of breathing apparatus</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Rock Climbing or Mountaineering normally involving the use of ropes or Guides</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Potholing</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Parachuting</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Horse riding</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Driving or riding in any kind of Race or Competition</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Riding Motor Cycles or Motor Scooters If <b>YES</b> state C.C.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="C.C."/>
<ul style="list-style-type: none"> <li>Football and/or Rugby</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> <li>Any other occupation, sport, pastime or activity, which is likely to involve extra risk of accident.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**10.**

Have you ever suffered from:

- a 'slipped disc' or other spinal disorder, a hernia, or any rheumatic or arthritic condition?
- high blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes?
- clinical depression or anxiety, any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind, or alcoholism or drug addiction?
- any defect of your sight or hearing, or other senses or faculties?
- any respiratory, urinary or allergic condition, or any disorder of the digestive system?
- any other condition in the past 5 years needing medical advice or treatment, or any symptom or tendency that might necessitate this in the future?
- any accidents or illnesses that have prevented you from attending to your business or occupation for a period of more than 14 days during the past 5 years?

**11.**

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?   
 If **YES** please give details.

**12.**

Has any insurer ever declined to accept or renew, cancelled or accepted only at special terms any life, accident, or illness insurance in respect of the person to be insured?   
 If **YES**, please give details.

**DECLARATION**

To the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/we understand the non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (NB: 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/we understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal; and I/we further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept the insurance.

**Signature of Person to be insured**  **Date**

(if other than Proposer)

**Signature of Proposer**  **Date**

---

## NOTICE TO PROPOSER

Your policy or certificate may contain provisions which impose obligations on the Proposer to co-operate and act in good faith in the event of a loss or a claim. Non-compliance with these provisions may affect the Proposer's right under the insurance. Please therefore ensure that you read all policy documentation carefully. You should contact our broker if you are unclear about any aspects of the proposed insurance, who shall make available to you a copy of the full standard policy or certificate upon request.

A copy of your completed proposal will be available (on request) provided the insurance is effected, but you should keep a record (including copies of letters) of all the information supplied.

---

While the parties to the contract are free to choose the law governing it, the cover referred to in this proposal is subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker. If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints Department at Lloyd's to review your case without prejudice to your rights in law:

The address is:

Complaints Department,  
Lloyd's,  
One Lime Street,  
London  
EC3M 7HA  
Telephone: 020 7327 6950

---

Lloyd's Underwriters are members of the Ombudsman's Bureau Scheme. If, after following the above procedure, your complaint has not been resolved to your satisfaction, you have the right to refer the matter to the Insurance Ombudsman, at the following address:

Insurance Ombudsman Bureau,  
City Gate One,  
135 Park Street  
London  
SE1 9EA



---

## DEFINITIONS

In the insurance:

**'DEATH'** means death within twelve months following the date of the **Accident**.

**'BODILY INJURY'** means identifiable physical injury which:

- a) is sustained by the Assured during the period of the insurance,
- b) is caused by an **Accident**, and
- c) solely and independently of any other cause, except **Illness** directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasion the death or disablement of the Assured within twelve months from the date of the **Accident**.

**'ACCIDENT'** means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the Period of Insurance.

**Accident** shall also include:

- a) exposure resulting from a mishap to a conveyance in which the Assured is travelling;
- b) if the Assured disappears during the currency of the Insurance and his body is not found within one year after his disappearance, and sufficient evidence is produced satisfactory to the Underwriters that leads them inevitably to the conclusion that he sustained **Bodily Injury** and that such injury caused his death, the Underwriters shall forthwith pay the death benefit under the insurance provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Underwriters if the Assured is subsequently found to be living.

**'ILLNESS'** means sickness or disease of the Assured which first manifests itself during the Period of Insurance and occasions the total disablement of the Assured within twelve months after manifesting itself.

**'TEMPORARY TOTAL DISABLEMENT'** means disablement which entirely prevents the Assured from attending to his business or occupation.

**'TEMPORARY PARTIAL DISABLEMENT'** means disablement which prevents the Assured from attending to a substantial part of his business or occupation.

**'PERMANENT TOTAL DISABLEMENT'** means disablement which entirely prevents the Assured from attending to any business or occupation for which he is reasonably suited by training, education or experience and which lasts twelve months and at expiry of that period is beyond hope of improvement.

**'LOSS OF A LIMB'** means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

Words in the masculine gender shall include the feminine.

---

## PRINCIPAL EXCLUSIONS

The insurance does not cover death or disablement in any way caused or contributed to by:

- war, whether war be declared or not, hostilities or any act of war or civil war;
- radioactive contamination;
- the Assured engaging in or taking part in naval, military or air service or operations;



- the Assured engaging in flying of any kind other than as a passenger;
- the Assured's suicide or attempted suicide or intentional self-injury or the Assured being in a state of insanity;
- venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immune-deficiency Virus (HIV) howsoever these have been acquired or may be named;
- the Assured's deliberate exposure to exceptional danger (except in an attempt to save human life); the Assured's own criminal act.

AND in the case of **ILLNESS**: venereal disease; pregnancy and childbirth.

---

## CONDITIONS

If the Assured shall regularly engage in any occupation, sport, pastime or other activity in which materially greater risk may be incurred than previously disclosed in connection with the insurance without first notifying the Underwriters and obtaining their written agreement to the amendment of the insurance, (subject to the payment of any additional premium as the Underwriters may reasonably require as the consideration for such agreement), then no claim shall be payable in respect of any **Accident** or **Illness** arising from such activity.

If the consequences of an **Accident** or **Illness** shall be aggravated by any condition or physical disability of the Assured which existed before the Accident occurred or Illness first manifesting itself, the amount of any benefit payable under the insurance in respect of the consequences of the **Accident** or **Illness** shall be the amount which is reasonably considered would have been payable if such consequences had not been so aggravated.

Notice must be given to the Underwriters as soon as reasonably practicable of any **Accident** or **Illness** which causes or may cause a claim within the meaning of the insurance, and the Assured must as early as possible place himself under the care of a duly qualified medical practitioner. Notice must be given to the Underwriters as soon as reasonably practicable in the event of the death of the Assured resulting or alleged to result from an **Accident**.

It is a condition precedent to the Underwriters' liability to pay any benefits to the Assured or his representatives, that all medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition shall be made available on request to any medical adviser appointed by or on behalf of the Underwriters and that such medical adviser or advisers shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make an examination of the Assured.

Any fraud, concealment, or deliberate mis-statement either in the proposal on which the insurance is based or in relation to any other matter affecting the insurance or in connection with the making of any claim hereunder shall render the insurance null and void and all claims hereunder shall be forfeited.

And in the case of **ILLNESS** the insurance is issued on the condition that the Assured has no other illness insurance except as specifically declared to the Underwriters at inception or agreed by them during the period of insurance.

---

**NOTE: Wherever the word 'Assured' appears it should be deemed to mean 'Assured or the Insured Person as the case may be'.**

---