

Business Health Personal Accident Insurance and Annual Business Travel Insurance Proposal

A full policy wording is available on request
Please complete in capitals and tick boxes as appropriate

Name of Proposer	Tel. No.
Address	
	Postcode

Business

If Personal Accident Insurance only is required complete questions 1 to 11 and the Declaration. If Annual Business Travel Insurance only is required, without Personal Accident Benefits, complete questions 12 to 18 and the Declaration.

PERSONAL ACCIDENT

Benefits can be provided in either i) multiples or proportions of Annual Salary e.g. "3 x Annual Salary" for Death and Permanent Disablement and "1/52 of Annual Salary" for Temporary Total Disablement or ii) Fixed Sums.

(N.B. Annual Salary is considered to be the total annual remuneration, excluding payments for overtime, commission or bonus)

1. Benefits required

Category Categories, or names, and occupations of persons to be insured	Operative time	Estimated No. of persons	Estimated total annual earnings (see a. and b. overleaf) Not applicable to Fixed Sums
A			
B			
C			
D			

Business Health

State amount to be insured under each heading			
Lump sum benefit		Income Benefit	
Death	Permanent Disablement	Temporary disablement per week	
A		Total	Partial*
B			
C			
D			

Temporary Partial Disablement is normally 40% of Temporary Total Disablement

a. What extra payments, if any, are to be included in addition to Annual Salary?

Not applicable if fixed sums are requested

b. What is the maximum Annual Salary paid to any one person

£

2. If Permanent Disablement is to be included, please tick which option is required

Standard

To include Permanent Partial Disablement (Continental Scale)

3. a. If flying is undertaken, state maximum total lump sum benefit for all persons flying together in any
i. multi-engined aircraft and ii. helicopter operating a scheduled service from international airports

£

b. If other flights are undertaken, state

i how many helicopter flights (in addition to above) per annum

ii how many flights in other aircraft per annum

iii type of aircraft and purpose of flights

iv maximum total lump sum benefit payable for all persons flying together

in a helicopter

in other aircraft

4. Will any Insured Persons travel to any area where war or widespread disturbances are in progress or reported to be imminent?

Yes

No

Business Health

- 13 a Has the number, destination or duration of journeys altered significantly during the last three years, or is any significant change expected during the next three years? Yes No
- b Will any journey
- i. involve manual work? Yes No
- ii. involve travel to any area where war or widespread disturbances are in progress or reported as being imminent? Yes No

14 a Please specify the Sum Insured required

Medical and Emergency Travel Expenses		Cancellation Curtailment and Change of Itinerary		Personal Baggage	Personal Money / Credit cards
Europe	Elsewhere	Europe	Elsewhere		

- b If you have requested Personal Baggage Insurance, is cover required for business equipment? Yes No

If Yes, please give details. Please note our definition of Personal Baggage includes lap top computers, dictaphones, calculators personal organisers and mobile telephones

Item	Value	Item	Value

15 Give details below of all accidents, illnesses and losses during the last five years which would have given rise to a claim under the proposed Travel Insurance

Date	Details of accident / illness / loss / expense	Amount

ADDITIONAL INFORMATION

Use this space to provide further information in support of answers given to questions in this Proposal. Please state question number clearly.

Business Health

IMPORTANT

Please read the following carefully before you sign and date the Declaration

- The questions on this form and any other details we specifically request relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may invalidate your insurance. If in response to any of these questions you are in any doubt whether a fact is material you should disclose it
- You should keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal is available on request.
- Some or all of the information you supply in connection with this insurance will be held on computer and may be passed to other organisations for underwriting and claims handling purposes. You consent to our processing sensitive information about you and other persons who may be insured under the contract. You understand that all personal data you supply must be accurate and you have the specific consent of those persons insured to disclose their personal details.
- Unless otherwise agreed to the contrary, English Law will apply to this contact.
- We aim to provide a high level of service to all policyholders and to settle all valid claims fairly and promptly. If you have an enquiry or complaint regarding this insurance please address it in the first instance to the agent who arranged the insurance for you. If you are not satisfied with the way in which the matter is handled please write to the Underwriting Manager, Harvington Underwriting Limited The Lodge Dresden House 51 High Street Evesham WR11 4DA.

DECLARATION

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand

I / We declare that to the best of my / our knowledge and belief the answers given are true and complete.

I / We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my / our agent and acting on my / our behalf and not the agent of Harvington Underwriting Ltd.

I / We declare that this Proposal Form is for insurance in the normal terms and conditions of the Insurers policy and shall be incorporated in and form part of the insurance contract.

Full name Position held in Company

Signature of Proposer Date

Insurance will not commence until the Insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any proposal.

Please initial any alterations on the proposal form