



## GROUP ACCIDENT, ILLNESS AND TRAVEL INSURANCE PROPOSAL FORM

Cover does not attach until the Underwriters have accepted this proposal. Please supply the following details. Use Block Capitals and tick boxes where appropriate. If there isn't enough room you can use the space on the back page or a separate piece of paper.

### GENERAL INFORMATION

1. Full name of Proposer (including trading name)

2. Business Address

Postcode	

Business Telephone No.

Business Fax No.  Business e-mail address

3. Period of Insurance Required: From  To

4. Please describe fully your trade or business.


5. Please give details of any processes or features in connection with your trade or business which render any staff especially vulnerable to accidents or injury.


6. Date Business Established

### PERSONS TO BE INSURED

1. Please provide the name of each person or a description of each category (i.e. Non-manual employees, manual employees, directors, senior members, etc).  
Category Name and Occupation or Description

A 


Persons to be Insured (continued)

Category	Name and Occupation or Description
B	
C	
D	

2. If Personal Accident cover is required, please give the following details for each category.

Category	Number of persons	Total annual earnings	Highest individual salary
A			
B			
C			
D			
E			

3. Do you employ part-time staff on whom cover is required? Yes  No
4. Is travel planned to any war zone or disturbed area? Yes  No
5. Will more than 5 persons travel together in any aircraft, road vehicle or other conveyance? Yes  No
6. Are any persons required to handle cash in the course of their duties with you? Yes  No
8. Will cover be offered on a voluntary basis? Yes  No
9. Will any staff contribute towards premiums? Yes  No
10. Are any persons to be Insured working or resident outside the United Kingdom? Yes  No
11. Does any person to be insured fly in any aircraft other than scheduled or chartered aircraft? Yes  No

If you have answered YES to any of questions 3 – 11 above, give details below


**PART A – PERSONAL ACCIDENT AND ILLNESS**

Is Cover Required?

Yes  No

Operative time

1. Please state the operative time you require for each category. Where required tick one box only for each category.

	Category				
	A	B	C	D	E
(a) 24 hours a day, worldwide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Occupational accidents including commuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Occupational accidents excluding commuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Work away from usual place of business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Overseas Business travel (see Part B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Personal Accident**

(For Sums Insured of £250,000 or above, weekly benefit in excess of £750, or for individuals and groups of less than 6 lives, an individual health questionnaire will be required).

State the sum insured for each category.

Benefit	Category									
	A		B		C		D		E	
1. <b>Death</b>	<input type="text"/>									
<b>DISABLEMENT</b>										
2. Loss of two or more limbs or both eyes or one of each	<input type="text"/>									
3. Loss of one limb or eye, Permanent total loss of speech or Permanent total loss of hearing (NB loss of hearing in one ear is restricted to 40% of the limit)	<input type="text"/>									
4. Permanent Total Disablement	<input type="text"/>									
Continental Scale extension (Delete as appropriate)	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

**PART A – PERSONAL ACCIDENT AND ILLNESS (CONTINUED)**

5.	Temporary Total Disablement (per week)					
	Benefit Period (weeks)					
	Deferment Period (days)					
6.	Temporary Partial Disablement (per week)					
	Benefit Period (weeks)					
	Deferment Period (days)					

**ILLNESS**

Is Cover Required? Yes  No

Temporary Total Disablement (per week)				
Benefit Period (weeks)				
Deferment Period (days) (Minimum 14 days)				

Specific Requirements  
Please give any specific requirements.


**PART B – BUSINESS TRAVEL**

Is Cover Required? Yes  No

Operative Time

1 Is cover required for:

(a) business travel outside the United Kingdom?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) holiday travel?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) daily travel to and from work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(d) travel in the United Kingdom involving an overnight stay?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(e) internal United Kingdom flights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(f) work away from normal place of business in the United Kingdom?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2 Please give anticipated travel pattern details below:

	Number of trips	Average duration	Maximum duration
U.K.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Europe	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA/Canada	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rest of the World	<input type="text"/>	<input type="text"/>	<input type="text"/>

**COVER**

Please state the cover required for each section to be insured.

**1 Medical and Emergency Expenses**

(a) State the limits required:

	Category				
	A	B	C	D	E
Europe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA/Canada	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rest of the World	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Excess (amount payable by you)    £25     £50     £100   

**2 Personal Accident**

Complete Part A – Personal accident and Illness if required.

**3 Personal Effects**

(NB Cover is not available without the inclusion of Section 1 or 2 above)

(a) State the limits required:

	Category				
	A	B	C	D	E
Europe	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA/Canada	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rest of the World	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Excess (amount payable by you)    £25     £50     £100

#### 4 Money

(NB Cover is not available without the inclusion of Section 1 or 2 above)

(a) State the limits required:

	Category				
	A	B	C	D	E
Europe	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
USA/Canada	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Rest of the World	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

(b) Excess (amount payable by you)

£25  £50  £100

#### 5 Cancellation, Curtailment and Rearrangement Expenses

State the limit required:

£

#### 6 Personal Liability

If cover is required, please state the limit of indemnity

£1 million

£2 million

#### 7 Replacement Expenses

State the limit required:

£

#### 8 Other Requirements

Give details of any specific requirements.


#### PREVIOUS HISTORY

1. Have you previously held Insurance for any of the covers proposed for this insurance?

Give details of any specific requirements.

Name of Insurer	Policy No.	Expiry Date		

2 For any of the covers proposed for this insurance has any Insurer

(a) declined, cancelled or refused any proposal or insurance? Yes  No

(b) refused renewal? Yes  No

(c) imposed special terms or conditions? Yes  No

If Yes to a), b) or c) overleaf, please provide details

Two empty rectangular boxes for providing details.

3. Within the last 5 years have you had any claims made against you or have you any knowledge of any incidents that may lead to a claim for any of the covers proposed for this insurance?

If Yes, please provide details (if in accordance with any earlier submission, please attach a copy) Yes  No

Date	Details	Paid/Outstanding
		£
		£
		£
		£

**MATERIAL FACTS**

Failure to disclose a material fact (any fact likely to influence the Company’s acceptance or assessment of this proposal) will render this insurance voidable. If you are in any doubt about facts that might be considered material you should disclose them.

Are there are any other material facts you should disclose? Yes  No   
(If Yes, please provide details on a separate piece of paper).

**DECLARATION**

I/We declare that to the best of my/our knowledge or belief the particulars and statements given in this proposal and any other information provided in connection with this proposal are true and complete and this proposal, declaration and information shall be the basis of the contract between myself/ourselves and Gerling at Lloyd’s. I/We agree to accept the Company’s standard form of policy and endorsements for this insurance. If applicable, I/we further agree that if I/we do not pay any instalment on the due date then I/we must pay the total premium that is outstanding within 10 days of Gerling at Lloyd’s asking for it. If I/we do not pay the policy will be cancelled.

Signature(s)

Date

Name(s)

Position(s)

Important – It is necessary for you to inform us of all the facts which are likely to influence us in acceptance or assessment of your Insurance. Failure to do so could invalidate this Insurance. If you are in doubt whether any fact may influence us you should disclose it.