



NATURESAVE PERSONAL ACCIDENT PROPOSAL FORM

Name in full of Person to be Insured _____
Address _____

Date of Birth _____ Height _____ Weight _____

Business or Occupation (including Occupational Duties) _____

What lump sum for death & permanent disablement do you wish to insure (minimum £10,000)? _____
What weekly sum do you require (maximum of 75% of your gross weekly income, with a minimum of £50 per week)? _____

Commencement date of required Period of Insurance _____

*Please answer the following questions **YES or NO**, and give details in the main box below where applicable:*

1. Have you any defect of your sight or hearing or other senses and faculties?
2. Have you any defect or infirmity which needed treatment of medical advice in the past two years or may require this in the future?
3. Have you ever suffered from:
 - (a) any mental, nervous, depressive or stress related condition?
 - (b) high blood pressure, a stroke, a heart condition or other circulatory disorder?
 - (c) a 'slipped disc' or other spinal disorder, diabetes, a hernia, or any rheumatic or arthritic condition?
4. Have you ever been declined or accepted on special terms for life, accident or illness insurance?

5. Are you now insured against accident? (If so with whom and for what capital sum and weekly benefit?)
6. Do the weekly benefits under all insurances carried by you, including this proposed one, exceed your average weekly net earnings?
7. Do you anticipate that you might:
- (a) reside temporarily outside the United Kingdom?
- (b) undertake more than 40 air flights per annum, or fly other than as a fare-paying passenger?
- (c) engage in football, rugby, equestrian or winter sports, or any other sports or pastimes rendering you liable to personal injury?

Question No.	Dates and details where Questions answered YES above

I believe the above statements to be true and complete and understand that they will form the basis for Underwriters' consideration of my request for insurance. I declare that apart from the matters declared above I am in good health and ordinarily enjoy good health. I consent to the Underwriters seeking medical information concerning anything that affects my physical or mental health and seeking any information from any Insurance Office to which a proposal has been made for insurance on my life and I authorise the giving of such information.

Signature of Person to be Insured _____	Date _____
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Name and Address of Proposer <i>if other than Person to be Insured</i>	

Signature _____	Date _____

Important Notice: The Proposal Form should be completed to the best of your knowledge and belief, and all material facts should be disclosed (These are facts which are likely to influence the Underwriters' acceptance or assessment of your proposal). You may find it helpful to keep an independent record of the information you supply in connection with your proposal, including copies of any relevant letters. A copy of your completed Proposal Form is available from your Insurance Broker on request within three months. **If you consider the answer to any question on this Proposal Form requires expert knowledge which you do not have, please indicate this in your answer.**

Any enquiry or complaint concerning this insurance should in the first instance be addressed to your Insurance Broker. If you are not satisfied with the manner in which your complaint has been dealt, you may ask the Complaints and Advisory Department, Lloyd's, One Lime St., London. EC3M 7HA. Telephone No. 020 7327 1000