



DECLARATION OF GOOD HEALTH

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

1 Are you currently free of injury, disease or discomfort? YES/NO
If "NO", full details please: _____

2 Have you during the past 12 months been ill, under medical supervision or taken medication (other than for minor illnesses such as colds, flu etc.)? YES/NO
If "YES", full details please: _____

3 Have you had any accidents, illnesses, medical or surgical treatment in the last 12 months? YES/NO
If "YES", Date(s): _____
Ailments(s): _____

4 Have you any reason to think that you may need to undergo medical supervision or a surgical operation in the future? YES/NO
If "YES", please give reasons and details: _____

5 Have you had any X-Rays, CAT Scan or MRI (Magnetic Resonance Imaging) Scan in the last 12 months? YES/NO
If "YES", please give reasons and details: _____

Provided the answers to question 1 is "YES" and questions 2, 3, 4, 5 is "NO" then Underwriters will not require a medical report and this Declaration will form part of the original Proposal and Policy of Insurance.

The Underwriters do not bind themselves to accept the proposal or renewal and reserve the right to impose specific exclusions as a result of information disclosed herein.

Until such time as a specific exclusion that has been imposed by Underwriters has been removed, all expiring specific exclusions shall remain in force. Furthermore, an exclusion shall apply in respect of any condition pre-existing at this renewal, whether declared or not, unless advised by the Underwriters to the contrary.

I/We hereby warrant that the answers given are complete, true and have been correctly recorded and I/we have not withheld any information that is likely to influence the decision of the Underwriters.

Data Protection Act 1998 (and all applicable laws which replace or amend it, including the General Data Protection Regulation)

I/We hereby consent to any information you may have about me/us being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

Signature: _____

Date: _____