



GROUP PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

The following activities are not covered but special arrangements can be made in some cases

Aqualung Diving	Hunting	Pot - holing	Water ski - jumping and tricks
Boxing	Hurling	Power - boating	Water Sports
Climbing or mountaineering necessitating ropes or guides	Ice Hockey	Racing	Wrestling
Flying except Air travel	Motor competitions	Show - jumping	Yachting beyond 5 kilometres of Coastline
Football except amateur	Motor Cycling over 125cc	Skydiving	
Soccer	Parachuting	Use of woodworking Machinery	
	Polo		

(Block letters, please)

Name of Proposer in full

(Block letters, please)

Address

Business

1. Benefits - state amounts to be insured under each heading

Names of Persons to be insured (Mr/Mrs/Miss and Block Letters please) or, if persons are to be defined by category, description of each category and number of persons	Occupation	Death	Permanent Total Disablement	Temporary Total Disablement (per week)	Medical Expenses Limit

2. To be completed only if insurance is required for multiples or proportions of annual earnings

a) Description of categories/occupations of persons to be insured	Estimated number of persons	Estimated total annual earnings	Death	Permanent Total Disablement	Total temporary Disablement (per week)	Medical Expenses Limit

b) What emoluments, if any, are to be included in addition to basic salary or wage?

c) Earnings Limit (figure above which annual earnings of any one person to be insured are not expected to rise – allowing for foreseeable increases)

3. Is every person to be insured in good health and free from physical and mental defect or infirmity to the best of the Proposer's knowledge and belief? Yes No
If not, give details

4. Will any of the other persons to be insured travel to a considerable extent by air or by motor car in the course of his or her duties? Yes No
If so, give details

5. Will any of the persons to be insured use machinery? Yes No
If so give details

6. Give particulars of all accidents which have occurred during the last five years involving any person engaged in the occupations for which insurance is required

7. Has Proposer previously held a Group Personal Accident Policy? Yes No
If so, give name of insurer branch address and policy number

8. Has any insurer in connection with Accident, Sickness or Life Insurance in respect of any person to be insured ever to be the Proposer's Knowledge

a) deferred or declined a proposal, refused renewal or terminated an insurance? Yes No

b) required an increased premium or imposed special conditions? Yes No

If so give details

Declaration

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete to the best of my/our knowledge and belief and I / we agree that this proposal shall be the basis of the contract between me/us and the Company. I/ We agree to accept a Policy in the Company's usual form for this class of insurance.

I/We agree to accept a policy in the Company's usual form for this class of insurance.

Signature Date

(Signing this form does not bind the Proposer to complete the insurance)