

Individual Personal Accident (and Illness) Proposal Form

Every question must be answered fully and correctly by the person to be insured or on their behalf by the proposer

General Information

1)	Name and Address in full of the proposer (If other than the Person to be Insured)	
Relationship to the Person to be Insured		

2)	Name and Address in full of the Insured Person	
Date of Birth		
Height		
Weight		
Gross Annual Salary		

3)	Nature of Business or Occupation in which you are engaged: (If more than one, state all) If your duties are not solely of an office or administrative nature please give full details.	

4)	Do you require cover for	Accident only?		Accident and Illness?	
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5)	Date cover required from? (cover will not commence until Underwriters have accepted your proposal)	
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Benefits

6)	Do you want a Lump Sum Payment if you die as a result of an accident?	Yes		No	
	If YES, please state Sum Insured required:	£			

7)	Do you want a Lump Sum Payment for Permanent Total Disablement?	Yes		No	
	If YES, please state Sum Insured required:	£			

8)	Do you want to receive a weekly benefit if you are temporarily unable to work?	Yes		No	
	If YES, please state Sum Insured required: (No more than 65% of your gross weekly wage)	£ per week			

9)	After what "Excess Period" would you like the benefit to be paid?												
	7 days		14 days		21 days		28 days		2 months		3 months		6 months

10)	How long would you like your benefit to be paid for after the 'Excess Period'?											
	3 Months			6 Months			12 Months			24 months		

11)	Do you wish to be covered for the following risks which are NOT covered unless specifically agreed and endorsed on your policy?		Yes	No
	a)	i) Winter Sports?		
		ii) Are competitions to be included?		
	b)	Scuba Diving?		
	c)	Rock Climbing or Mountaineering involving the use of ropes or guides?		
	d)	Potholing?		
	e)	Hang-gliding or Parachuting?		
	f)	Hunting or Horseback?		
	g)	Driving or riding in any kind of race or competition?		
	h)	Riding Motorcycles?		
	i)	Any other, sport, pastime or activity which is likely to involve extra risk or accident?		

If you have answered YES to any of the above in question 11, please provide details	

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12)	Do you suffer from defective hearing or vision?			Yes		No	
	If YES, to what extent?						

13)	Have you ever suffered from hernia, lower back strain, disc lesion or other physical defect of a chronic or recurring nature?			Yes		No	
	If YES, please give details:						

14)	Have you ever suffered from any heart condition, hypertension, varicose veins, nervous condition, alcoholism, drug addiction or other illness or organic weakness of a chronic or recurring nature?			Yes		No	
	If YES, please give details:						

15)	Have you undergone or have you any reason to believe you may need to undergo a surgical operation?			Yes		No	
	If YES, please give details:						

16)	What accidents or illnesses have prevented you from attending to your business or occupation for periods of more than the excess period you have chosen in question 9 during the past three years?						
	Please give details:						

17)	Apart from any matter you have already described, are you now in and do generally enjoy good health?			Yes		No	
	If NO, please give details:						

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18)	Are you now insured against accident or illness?		Yes		No	
	If YES, with whom and for what sums insured?					

19)	Have you ever been declined or accepted on special terms, for life, accident, or illness insurance, or have Lloyd's Underwriters or any Company ever cancelled or declined to renew your Policy?		Yes		No	
	If YES, please give details:					

Important Information

PRIVACY AND DATA PROTECTION NOTICE

1. DATA PROTECTION

AmTrust Underwriting Limited (the Data Controller) is committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which **We** process **Your** personal data, for more information please visit **Our** website at www.amtrustunderwriting.com

2. HOW WE USE YOUR PERSONAL DATA

We may use the personal data **We** hold about **You** for the purposes of providing insurance; including handling claims and any other related purposes, underwriting (which may include underwriting decisions made via automated means), offering renewal terms, pricing or statistical purposes. **We** may also **Use Your** data to safeguard against fraud and money laundering and to meet **Our** general legal and regulatory obligations.

3. SENSITIVE PERSONAL DATA

Some of the personal information, such as information relating to health or criminal convictions, may be required by **Us** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is necessary for **Us** to be able to provide **You** with insurance or manage a claim. Such data will only be used for the specific purposes set out in **Our** notice.

4. DISCLOSURE OF YOUR PERSONAL DATA

We may disclose **Your** personal data to third parties involved in providing products or services to **Us**, or to service providers who perform services on **Our** behalf. These include **Our** group companies, affinity partners, brokers, agents, third party administrators, other insurers, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external accountants and auditors, regulatory authorities, and as may be required by law.

5. INTERNATIONAL TRANSFERS OF DATA

We may transfer **Your** personal data to destinations outside the European Economic Area ("EEA"). Where **We** transfer **Your** personal data outside of the EEA, **We** will ensure that it is treated securely and in accordance with the Legislation.

6. YOUR RIGHTS

You have the right to ask **Us** not to process **Your** data for marketing purposes, to see a copy of the personal information **We** hold about **You**, to have **Your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict the processing of **Your** data, to ask **Us** to provide a copy of **Your** data to any controller and to lodge a complaint with the local data protection authority.

7. RETENTION

Your data will not be retained for longer than is necessary, and will be managed in accordance with **Our** data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiration of the contract of insurance, or **Our** business relationship with **You**, unless **We** are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **You** have any questions concerning **Our** use of **Your** personal data, please contact The Data Protection Officer, AmTrust International - please see **Our** website for full contact details.

Declaration

By accepting this Insurance I / We:

- a) Declare that the answers given to questions asked are true and complete to the best of my/our knowledge and belief
- b) Confirm that if any answer to a question has been supplied by any other person on my/our behalf I/we have read and fully understood those answers and they are complete and correct
- c) Understand that the information provided may influence the assessment, acceptance and terms provided
- d) Have seen or been given the opportunity to see a copy of the full policy wording
- e) Understand that my/our personal details will be passed to or used by member companies of the insurers and to third parties such as claims administrators, loss adjusters, credit checking agencies or fraud investigators for the purpose of servicing my/our contract of insurance
- f) Understand that if any answers to questions given are not true, that this insurance may not protect me/us in the event of any claim
- g) Understand underwriters reserve the right to decline any proposal