

Locum Insurance

Personal Accident and Illness Insurance

Proposal Form

Page 1 of 3

Practice / Company name	
Address	
Business Description	
Company Turnover	
Target Premium	
Requested Start Date	

Insured Person(s)					
Name	Occupation	DOB	Weekly Benefit	† Excess Period	†† Benefit Period
		/ /	£		

† Excess Periods Available are 14 Days, 28 Days, 6 Weeks, 8 Weeks, 13 Weeks and 26 Weeks

†† Benefit Periods Available are 52 Weeks and 26 Weeks

Lump sum required in respect of:-	Sum Insured required (£10,000 automatically provided)
1) Accidental Death	£
2) Loss of Eyes, Loss of Limbs and Permanent Total Disablement	£

The following medical questions help Underwriters to assess your application.

	Question	Yes/No
1)	Do you suffer from defective hearing or vision?	
2)	Have you ever suffered from hernia, lower back strain, disc lesion or any other defect of a chronic or recurring nature?	
3)	Have you ever suffered from any heart condition, hypertension, varicose veins, nervous condition, stress, anxiety, alcoholism, drug addiction or other illness or organic weakness of a chronic or recurring nature?	
4)	Are you currently receiving any medication or treatment or awaiting any surgical operation?	
5)	Have you had any accidents or illnesses which have prevented you from attending to your business or occupation for periods of more than 7 consecutive days during the past 12 months?	
6)	Are you currently absent from work due to an accident or illness?	
7)	Do you currently have insurance against accident or illness?	
8)	Have you ever been declined or accepted on special terms, for life, accident or illness insurance, or has any Insurer ever cancelled or declined to renew their insurance?	

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Page 2 of 3

If you have answered YES to any of the questions, please provide full details including details of the injury or illness, dates, treatment received, treatment on-going, prognosis and anything else considered relevant to the questions above: -

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