

Declaration of Health Questionnaire

Name:		Date of Birth:	
Address:		Postcode:	
Policy Number:			

Please answer the following questions circling either 'Yes' or 'No' and provide details where necessary:

1) Are you currently free of injury, disease or discomfort? If 'No', please provide details below.	Yes / No
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.)? If "Yes", please provide details below.	Yes / No
3) Have you had any accidents, illnesses, medical or surgical treatment in the last 12 months? If "Yes", please provide details below.	Yes / No
Date:	Ailment:
Date:	Ailment:
Date:	Ailment:
<i>Further Details</i>	
4) Have you any reason to think that you may need to undergo medical supervision or a surgical operation in the future? If 'Yes', please state your reasons and details below.	Yes / No
5) Have you had any X-Rays, CAT Scan or MRI (Magnetic Resonance Imaging) Scan in the last 12 months? If 'Yes', please state your reasons and details below.	Yes / No

Declarations	
<p>Provided the answers to question 1 is “Yes” and questions 2, 3, 4, 5 is “No” then Underwriter(s) will not require a medical report and this Declaration will form part of the original Proposal and Policy of Insurance.</p> <p>The Underwriter(s) 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 Underwriter(s) 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 Underwriter(s) to the contrary.</p>	
<p>I/We hereby warrant that the answers given are complete, true and have been correctly recorded.</p> <p>I/We have not withheld any information that is likely to influence the decision of the Underwriter(s).</p>	
Data Protection Act 1998	
<p>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.</p>	
Signature:	Date:
Print Name:	

Once the form is completed, signed and dated, please return to your broker or insurance intermediary who will endeavour to send onto Plum Underwriting Ltd.