

Personal Accident
or
Personal Accident & Illness
Insurance

Application Form

LLOYD'S

Underwritten by certain syndicates at Lloyd's and
administered by Accident & Health Underwriting Limited

BEFORE ANY QUESTION IS ANSWERED READ CAREFULLY THE DECLARATION AT THE END OF THIS PROPOSAL, WHICH MUST BE SIGNED AND DATED. EVERY QUESTION MUST BE ANSWERED FULLY AND CORRECTLY BY THE PERSON TO BE INSURED OR ON HIS BEHALF BY THE PROPOSER.

1	Name and address including Postcode of the proposer (if other than the Person to be Insured)			Relationship to the Person to be Insured	

ALL THE FOLLOWING QUESTIONS RELATE TO THE PERSON TO BE INSURED

2	Name in full		Date of Birth	
	Address			
			Height	
	Post Code			
			Weight	

3	What is your Occupation? (if more than one, state all).			
	Is manual work involved?	YES	NO	
	Are you Self Employed?			

4	State period of insurance and commencement date required.	
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5	What cover(s) do you require?	(✓)	Sum Insured
	A Accidental Death Only		
	B Accidental Death & Capital Benefits*		
	C Accident Only Weekly Benefit		
	D Accident & Illness Weekly Benefits		

* Capital Benefits shall mean loss of Sight, Limb, Speech, Hearing and Permanent Total Disablement

6	Do you intend to travel outside of Europe, North America, Canada Australia or New Zealand in connection with your business or occupation?	YES	NO
	If 'Yes' give location(s) and duration(s)		

7 Do you wish to be covered whilst participating in football, rugby or any other sport, pastime or activity that is likely to involve extra risk of an accident? (If in any doubt please ask your agent for advice)

If 'YES', give details.

	YES	NO
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8 Are you now insured against accident or illness?

If 'YES', with whom and for what capital amount and weekly benefits?

	YES	NO
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9 Does the total weekly benefit under all insurances carried by you, including that now applied for, exceed your average net weekly income?

If 'YES', give details.

	YES	NO
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10 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 insurance?

If 'YES', give details.

	YES	NO
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DECLARATION

To the best of my / our knowledge and belief the information provided in connection with this proposal, whether in my / our own hand or not, is true and I / we have not withheld any material facts. I / we understand that non-disclosure or misrepresentation of a material fact may entitle the Underwriters to void the insurance. (NB. A material fact is one likely to influence acceptance or assessment of this proposal by the Underwriters. If you are in any doubt as to whether a fact is material or not, you must disclose it).

I / we understand that the Underwriters will determine their terms and conditions upon the information provided in connection with this proposal; and I / we further understand that the signing of this proposal does not bind me / us to complete or the Underwriters to accept this Insurance.

Signature of the Person to be Insured (if other than Proposer)		Date	
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Signature of Proposer		Date	
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Brief details of the cover available are shown on this form. A full copy of the standard Certificate may be seen upon application to your Agent. If you would like a copy of this proposal form sent to you, **please advise your Agent.**

Exclusions

This Insurance does not cover: -

- The Insured Person whilst engaged or taking part in military, air force or naval service or operations (other than reserve or volunteer training).
- The Insured Person whilst engaged or taking part in aeronautics or aviation, other than as a passenger.
- The Insured Person whilst engaged or taking part in mountaineering or rock climbing normally involving ropes and/or guides.
- The Insured Person whilst riding or driving in any kind of race.
- Any claims arising directly or indirectly caused or contributed to by the Insured Person's intentional self-injury, suicide or attempted suicide, provoked assault, fighting (except in bona fide self-defence), or from the Insured Person's own criminal act, or whilst engaged or taking part in civil commotions or riots of any kind.
- Any claims consequent on war, invasion or civil war except whilst the Insured Person is travelling outside the United Kingdom.
- Any claims in any way caused or contributed to by an act of terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent.
- For the purpose of this exclusion an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- Any claims occasioned by or occurring while the Insured Person is in a state of insanity temporary or otherwise.
- Any claims arising out of any condition caused by, prolonged by, or aggravated by any psychiatric, mental or nervous disorder of the Insured Person, including anxiety and/or depression.
- Any claims arising out of or consequent upon or contributed to by radioactive contamination.
- Any claims arising from physical or mental conditions or disabilities of a recurring or chronic nature from which an Insured Person suffered, and was known to suffer, prior to the inception of this Certificate.

Additional Exclusions applicable where this Insurance includes compensation for Illness.

- Any claims consequent upon the Insured Person's pregnancy or childbirth.
- Any claims arising directly or indirectly arising out of, consequent upon or contributed to by venereal disease or Acquired Immune Deficiency Syndrome (A.I.D.S.) or A.I.D.S. Related Complex (ARC), howsoever this syndrome has been acquired or may be named.

NOTICE TO THE INSURED PERSON OR PROPOSER IF APPLICABLE

Law Applicable

The cover referred to in this Insurance is subject to English Law and English Courts alone shall have jurisdiction in any dispute arising hereunder.

Complaints Procedure

Any complaint should be addressed in the first instance to:

Compliance Officer of your Agent

If you are not satisfied with the way that a complaint has been dealt with please contact:

Compliance Officer, St Paul Travelers Syndicate Management Ltd, 60 Gracechurch Street, London EC3V 0HR

In the event that you remain dissatisfied and wish to take the matter further you can do so at any time by referring to the Complaints Department at Lloyd's. The contact details are:

Complaints Department,
Lloyd's,
One Lime Street, London EC3M 7HA
Tel: 020 7327 5693
Fax: 020 7327 5225
E-mail: complaints@lloyds.com

Complaints that cannot be resolved by the Complaints Department at Lloyd's may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

This complaint procedure is without prejudice to your right to take legal proceedings.

Data Protection Clause

It is understood by the Insured Person that any information about them will be processed by the Underwriters in compliance of the Data Protection Act 1998 and only for the purposes of providing their insurance cover and handling any claims. This may necessitate providing such information to third parties.

Contracts (Rights Of Third Parties) Act 1999 Clarification Clause

A person who is not a party to this contract has no right under the Contracts (Rights of Third Parties) Act 1999 to enforce any term of this contract but this does not affect any right or remedy of a third party which exists or is available apart from that Act.