

**Lloyd's Accident or
Accident and Illness
Proposal Form**

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*Adobe Acrobat Professional is required to save your completed document.
Otherwise, you may print it and return it to us by fax or by mail.*

**BEFORE ANY QUESTION IS ANSWERED READ CAREFULLY THE
DECLARATION AT THE END OF THIS PROPOSAL, WHICH MUST BE SIGNED.
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 in full of the
Proposer (if other than the person to
be insured)

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Relationship to the person to be
insured

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ALL THE FOLLOWING QUESTIONS RELATE TO THE PERSON TO BE INSURED

2 Name in full
Address

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Date of Birth:	Height:	Weight:
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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 details.

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4 State period of insurance and commencement date required.

From:	To:
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5 What Capital Sum do you wish to insure?

The total sum payable under the insurance in respect of any one or more claims in respect of any one person to be insured shall not exceed in all the largest sum insured under any one of the items contained in the Scale of Benefits.

6 The insurance provides cover for certain events according to a fixed Scale of Benefits (see below), and is subject to a maximum limit known as the Capital Sum. The Underwriters' liability under the insurance will never exceed the Capital Sum regardless of the number of insured events that may occur.

(Please consider and select an appropriate Capital Sum, if none of these scales is suitable, please insert your requirements under F)

Scales of Benefits (percentages are of the Capital Sum)	A	B	D	E	F	G
Benefits payable in respect of ACCIDENT						
1. Death	100%	100%	100%	100%		100%
2. Total and irrecoverable loss of sight of both eyes ...	-	100%	100%	100%		100%
3. Total and irrecoverable loss of sight of one eye ...	-	50%	50%	100%		50%
4. Loss of two limbs	-	100%	100%	100%		100%
5. Loss of one limb	-	50%	50%	100%		50%
6. Total and irrecoverable loss of sight of one eye and loss of one limb	-	100%	100%	100%		100%
7. Permanent Total Disablement (other than total irrecoverable loss of sight of one or both eyes or loss of limb(s))	-	-	100%	100%		100%
8. Temporary Total Disablement (per week)	-	-	-	1%		0.6%
9. Temporary Partial Disablement (per week)	-	-	-	0.25%		0.15%
MAXIMUM number of weeks for which benefits are payable under Items 8 and 9	-	-	-	104		52
Benefits payable in respect of ILLNESS						
10. Total and irrecoverable loss of sight of both eyes ...	-	-	-	-		100%
11. Permanent Total Disablement by paralysis	-	-	-	-		100%
12. Temporary Total Disablement (per week) EXCLUDING the first week of disablement ...	-	-	-	-		0.6%
MAXIMUM number of weeks for which benefits are payable under Item 12	-	-	-	-		26

If you tick any of the shaded boxes full details are required and Underwriters may wish to amend the coverage provided.

		YES	NO	QUESTION NO. AND DETAILS
7	a. Are you now insured against accident or illness? If YES, with whom and for what capital sum and weekly or monthly benefits?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. Do the weekly or monthly benefits under all the insurances carried by you, including that now applied for, exceed your average net weekly/monthly income? If YES, give details	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	a. Do you intend to fly as a passenger in excess of 20 times per year? If YES, please state the anticipated number of flights per year and destinations and type of aircraft (e.g. commercial/private fixed wing/helicopter)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. Do you intend to fly other than as a passenger? If YES, give details	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Do you participate in any of the following:			
	a. Winter Sports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. Skin Diving involving the use of breathing apparatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	c. Rock Climbing or Mountaineering normally involving the use of ropes or guides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	d. Potholing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	e. Parachuting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	f. Horse riding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	g. Driving or riding in any kind of Race or Competition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	h. Riding Motor Cycles or Motor Scooters If YES state C.C. <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	i. Football and/or Rugby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	j. Any other occupation, sport, pastime or activity which is likely to involve extra risk of accident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Have you ever suffered from:			
	a. a 'slipped disc' or other spinal disorder, a hernia, or any rheumatic or arthritic condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	b. high blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	QUESTION NO. AND DETAILS
11			Have you ever, or do you have any reason by way of lifestyle to believe that you could test positive for HIV/Aids or Hepatitis B or C, or have you been tested for other sexually transmitted diseases, or are you awaiting the result of such test? If YES, please give details
12			Has any insurer ever declined to accept or renew, cancelled or accepted only at special terms any life, accident, or illness insurance in respect of the person to be insured? If YES, give details

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 Underwriters to accept the insurance.

Signature of person to be insured

(if other than Proposer)

Date

Signature of Proposer

Date

Notice to Proposer

Your policy or certificate may contain provisions which impose obligations on you to co-operate and act in good faith in the event of a loss or claim. Non-compliance with these provisions may affect your right under the insurance. Please therefore ensure that you read all insurance documentation carefully. You should contact your broker if you are unclear about any aspects of the proposed insurance, who shall make available to you a copy of the full standard policy or certificate upon request.

A copy of your completed proposal will be available (on request) provided the insurance is effected, but you should keep a record (including copies of letters) of all the information supplied.

While the parties to the contract are free to choose the law governing it, unless specifically agreed to the contrary the cover referred to in this proposal is subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker.

Effected through:



If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints Department at Lloyd's to review your case without prejudice to your rights in law:

The address is:

Complaints Department
Lloyd's
One Lime Street
London EC3M 7HA

Lloyd's Underwriters are members of the Ombudsman's Bureau Scheme. If, after following the above procedure, your complaint has not been resolved to your satisfaction, you have the right to refer the matter to the Insurance Ombudsman, at the following address:

Insurance Ombudsman Bureau
City Gate One
135 Park Street
LONDON SE1 9EA

DEFINITIONS

In the insurance:

'BODILY INJURY' means identifiable physical injury which

- (a) is caused by an Accident, and
- (b) solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the person insured within twelve months from the date of the Accident.

'ACCIDENT' means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the Period of Insurance.

Accident shall also include

- (a) exposure resulting from a mishap to a conveyance in which the person insured is travelling;
- (b) disappearance. If the person insured is not found within twelve months of disappearing, and sufficient evidence is produced satisfactory to the Underwriters that leads them inevitably to the conclusion that the person insured has sustained Bodily Injury and that such injury has caused the person insured's death, the Underwriters shall forthwith pay any death benefit, where applicable, under the insurance, provided that the person or persons to whom such sum is paid shall sign an undertaking to refund such sum to the Underwriters if the person insured is subsequently found to be living.

'ILLNESS' means sickness or disease of the person insured which first manifests itself during the Period of Insurance and occasions the total disablement of the person insured within twelve months after manifesting itself.

'TEMPORARY TOTAL DISABLEMENT' means disablement which entirely prevents the person insured from attending to their business or occupation.

'TEMPORARY PARTIAL DISABLEMENT' means disablement which prevents the person insured from attending to a substantial part of their business or occupation.

'PERMANENT TOTAL DISABLEMENT' means disablement which entirely prevents the person insured from attending to any business or occupation for which they are reasonably suited by training, education or experience and which lasts twelve months and at the end of that period is beyond hope of improvement.

'LOSS OF A LIMB' means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of hand, arm or leg.

EXCLUSIONS

The insurance does not cover death or disablement in any way caused or contributed to by

war, whether war be declared or not, hostilities or any act of war or civil war;

radioactive contamination;

the person insured engaging in or taking part in armed forces service or operations;

the person insured engaging in flying of any kind other than as a passenger;

the person insured's suicide or attempted suicide or intentional self-injury or the person insured being in a state of insanity;

venereal disease or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immuno-deficiency Virus (HIV) howsoever these have been acquired or may be named;

the person insured's deliberate exposure to exceptional danger (except in an attempt to save human life);

the person insured's own criminal act;

the person insured being under the influence of alcohol or drugs;

pregnancy or childbirth.

CONDITIONS

If the person insured shall regularly engage in any occupation, sport, pastime or other activity in which, materially greater risk may be incurred than previously disclosed in connection with the insurance without first notifying the Underwriters and obtaining their written agreement to the inclusion under the insurance, (subject to the payment of any additional premium as the Underwriters may reasonably require as the consideration for such agreement), then no claim shall be payable in respect of any Accident or Illness arising from such activity.

Unless otherwise declared and agreed by the Underwriters no benefit will be payable for any condition for which the person insured has sought advice, diagnosis, treatment or counselling or of which the person insured was or should reasonably have been aware at inception of the insurance or for which the person insured has been treated at any time prior to inception.

Notice must be given to the Underwriters as soon as reasonably practicable of any Accident or Illness which causes or may cause a claim within the meaning of the insurance, and the person insured must as early as possible seek the attention of a duly qualified medical practitioner. Notice must be given to the Underwriters as soon as reasonably practicable in the event of the death of the person insured resulting or alleged to result from an Accident.

All medical records, notes and correspondence referring to the subject of a claim or a related pre-existing condition shall be made available on request to any medical adviser appointed by or on behalf of the Underwriters and such medical adviser shall, for the purpose of reviewing the claim, be allowed so often as may be deemed necessary to make an examination of the person insured.

Any fraud, concealment or deliberate mis-statement either in the proposal on which the insurance is based or in relation to any other matter affecting the insurance or in connection with the making of any claim hereunder shall render the insurance null and void and all claims hereunder shall be forfeited.