

PERSONAL ACCIDENT PROPOSAL FORM

1. CLIENT NAME AND ADDRESS:

Title:

Forename(s):

Surname:

Company Name:

Address Line 1:

Line 2:

Line 3:

Town:

County:

Postcode:

Telephone:

Fax:

E-mail:

2. BUSINESS DESCRIPTION:

3. HOW MANY PEOPLE IS COVER REQUIRED FOR?:

4. WHO IS TO BE INCLUDED?:

All Employees:

Named Employees only:

5. SALARIES?

Highest annual salary:

£

Total annual salaries of persons to be insured:

£

Required weekly benefit:

£

Required capital benefit:

£

6. ON WHAT BASIS IS COVER REQUIRED?:

Occupational only - including commuting

24 Hour

7. PLEASE DETAIL ANY PREVIOUS CLAIMS:

Have there been any injuries in the last 5 years which may have resulted in a benefit payment being made to anyone insured?

Yes

No

If yes, please give details in the space.

8. IF YOU HAVE ANY COMMENTS OR SPECIAL REQUIREMENTS, PLEASE ENTER HERE: