

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

SECTION 1 DETAILS OF PROPOSAL

1. a. Name of Proposer: _____
- b. Mailing Address: _____ Postal Code: _____
- c. VAT No./TRN (where applicable): _____
- d. Telephone No./Fax No.: _____
- e. Email address: _____
- f. Business Occupation or Trade: _____
- g. Period of Insurance: From _____ To _____
2. This insurance is to cover: a. accidents occurring at any time OR b. accidents of employment only

SECTION 2 BENEFITS REQUIRED (complete either Question 3 or Question 4)

3. If insurance is required on a NAMED PERSONS basis, complete the table below:

Names of persons to be insured (extend on separate sheet if necessary)	Occupation (full description)	BENEFITS (Show the fixed amounts required)			
		(A) Death	(B) Permanent Disablement	(C) Temporary Total Disablement	(D) Medical Expenses
				per week	
				per week	
				per week	
				per week	
				per week	
				per week	
				per week	

4. a. If insurance is required on an UNNAMED PERSONS basis, complete the table below:

Classes of persons to be insured	Est. number	Est. gross annual wages or salaries	BENEFITS (Show either the fixed amounts required or the multiple of wages-salaries required)			Show the fixed amount required
			(A) Death	(B) Permanent Disablement	(C) Temporary Total Disablement	(D) Medical Expenses
Managerial, administrative and clerical staff who do not engage in manual work					per week	
Employees engaged with woodworking machinery including machinists and machinists labourers					per week	
All other employees. Give full description of occupations below:					per week	

Classes of persons to be insured	Est. number	Est. gross annual wages or salaries	BENEFITS (Show either the fixed amounts required or the multiple of wages-salaries required)			Show the fixed amount required
			(A) Death	(B) Permanent Disablement	(C) Temporary Total Disablement	(D) Medical Expenses
i.						
ii.						
iii.						
iv.						

b. What is the highest annual salary per person likely to be paid? _____

5. If any of the Insured persons are likely to travel together in one aircraft or other form of transport, please state:

Possible number of persons: _____

Total of the accumulated (Death or Permanent Disablement) Benefits likely to be involved: _____

6. Do the persons to be insured Travel abroad? Yes No

If Yes, do they travel: Regularly Infrequently

Is travel by: Air Sea

7. Do you wish to insure employees against accidents resulting from:

- | | | | |
|--|--|----------------------------|--|
| a. the use of woodworking machinery..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | b. hunting..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. steeple-chasing..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | d. racing of any kind..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. rugby football..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | f. polo..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. motor cycling..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | h. mountaineering..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. big game shooting..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | j. winter sports..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. air travel other than as defined overleaf.... | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, state: | |

i. the extent to which the activities are engaged in: _____

ii. names of the persons concerned: _____

8. How many accidents causing disablement have occurred to the persons to be Insured during the past three (3) years?

9. Are the persons concerned, to the best of your knowledge, in sound health and free from physical defect or infirmity?
 Yes No

10. Has any Insurer ever declined a Collective Personal Accident Proposal covering your employees or declined to continue such insurance or imposed increased rates or special conditions? Yes No

SECTION 2 DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Proposer Name (Please print) _____

Signature _____ Date _____