

GROUP PERSONAL ACCIDENT

PROPOSAL FORM

IMPORTANT NOTICE

1. The Proposal, together with other information requested by or provided to the Underwriters, is required to assist Underwriters in the evaluation and rating of the risk resulting in the provision of Quotations. Completion of the Proposal does not bind the Proposer or the Underwriters to complete the insurance transaction.
2. As the Proposal will form the basis of any insurance contract that may subsequently be issued by the Underwriters, it is imperative that all Questions be answered in full and to the best of the knowledge and belief of the Proposer – misrepresentation and/or non-disclosure may result in the rejection of claims and/or invalidate the Certificate.
3. Should there be insufficient space provided herein, please supply any additional information on separate pages.
4. “Not Applicable” and “N/A” are not suitable responses. All Questions must be completed in full.
5. A Quotation cannot be provided unless all questions have been answered and the Proposal Form signed and dated.
6. Please ensure that all responses are clear and legible.
7. **IN THE EVENT THAT THE PROPOSER ELECTS NOT TO RESPOND TO A QUESTION OR SPECIFICALLY REQUEST COVER IN RESPECT OF ANY SECTION AND/OR EXTENSION, IT WILL BE DEEMED THAT COVER OR A QUOTATION TO INCLUDE COVER IS NOT REQUIRED.**
8. The completion of this form and the provision of a Quotation and any additional information applicable to the provision of a Quotation, shall not be deemed to be the provision of advice.
9. Should any further/additional information, explanation or advice be required in respect of the product, terms cover etc, this should be sought from an insurance broker.
10. Any form completed and/or signed by an insurance broker on behalf of the Proposer will be deemed to have been completed by the Proposer.
11. **PLEASE DO NOT LEAVE BOXES BLANK, WHERE APPLICABLE, RESPOND EITHER “YES” OR “NO”, OR SELECT THE BOX**
13. The Proposal Form should not be signed and initialled unless read and understood. Underwriters will consider all signed and initialled Proposal Forms as having been read and understood.

BROKERS DETAILS

Name of the Company	
Contact Person	
Telephone Number	
E-mail	

INSURED'S DETAILS

Name of the Company	
Trading Name	
Date Business was established	
Registration Number	
VAT Number	
Physical Address (incl. postal code)	
Postal Address (incl. postal code)	
Business Description	
Telephone Number	
E-Mail	

CLAIMS HISTORY

Have you had any claims in the last 3 years ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please Provide Details	

INSURANCE HISTORY

Has the Entity to be Insured previously been Insured ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any Proposal for insurance ever been declined ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did any previous Insurer ever require :	
i.) Increased Premiums or terms ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii.) Special restrictions or conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any previous Insurer terminated or refused to renew any insurance ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to any of the above is YES, please give full details:	
Please provide any other information that may be relevant to Insurers to assist in understanding the insurance being proposed e.g. any unusual or significant hobbies / past time activities.	

BASIS : PERSONAL ACCIDENT / STATED BENEFITS

NUMBER OF PERSONS	CATEGORY/OCCUPATION	SUM INSURED							
		DEATH	PERMANENT DISABILITY	TOTAL TEMPORARY DISABLEMENT	TICK CHOICE		MEDICAL EXPENSES	TICK CHOICE	
					52 WEEKS	104 WEEKS		24 HRS	WORK HRS INCL COMMUTE
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

IN ADDITION TO THE INFORMATION CONTAINED ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION

CATEGORY / OCCUPATION	ESTIMATED ANNUAL EARNINGS

Indicate the Highest Individual Salary	R
Indicate the Limit per Person required	R
Indicate the Accumulation Limit required	R

DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers. I/We agree that this Proposal together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein. I/we undertake to inform the Underwriting Managers of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signature	
Name of Signatory	

Capacity of Signatory (duly authorised)	
Name of Company	
Date	
Place	