

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: