

Introduction

You must take care in answering all the following questions which are relevant to insurers in providing this insurance and setting the terms and premium. If you do not understand the questions or the nature of the information required please seek guidance from your insurance advisor. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or revised terms and/or premium or it may affect any claim you make under this insurance.

There are conditions, limitations, exclusions and excesses within the wording a copy of which will be provided on 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. It is important that you read this Proposal in conjunction with the key facts sheet.

1. Full Name of Proposer
- Address
-Tel No:
2. Full Name of Insured Person (if different from proposer).....
- Occupation and Duties (full details).....
- Date of BirthHeight..... Weight
- Employer's Name/ Nature of Business
3. Insured Person's Medical/Insurance History
 - a. Are you undergoing treatment of any kind or taking any medication whether prescribed or not? YES/NO
 - b. Have you had any accidents or received any medical treatment in the last five years? YES/NO
 - c. Have you any physical defects or infirmities of any kind whatsoever? YES/NO
 - d. Does your work involve the handling of or close proximity to dangerous materials or processes? YES/NO
 - e. Is your sight or hearing impaired (ignore sight corrected by glasses or contact lenses) YES/NO
 - f. Have you ever had a slipped disc, any other back trouble, heart trouble, diabetes or any recurrent injury? YES/NO
 - g. Do you participate in any form of horse riding activity? YES/NO
 - h. Do you participate in Rock Climbing or Mountaineering normally involving the use of ropes or guides, Potholing, Parachuting, Driving or riding in any kind of race or competition, Riding motor cycles or motor scooters (if yes, confirm c.c), Football and Rugby or any other occupation, sport or pastime or activity which is likely to involve extra risk of accident? YES/NO
 - i. Are you now or have you previously been insured in respect of personal accident risks? YES/NO
 - j. Have you claimed for benefits under any accident or sickness insurance in the last five years? YES/NO
 - k. Have you ever been declined or accepted at special terms for personal accident risks? YES/NO

For "YES" answers please provide full details -

5. Cover Required (Please see attached document)

Level of Cover	Junior	<input type="checkbox"/>	Bronze	<input type="checkbox"/>	Silver	<input type="checkbox"/>	Gold	<input type="checkbox"/>
Activity Category	A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>		

Data Protection

Any information you have provided will be dealt with by us in compliance with the provisions of the Data Protection Act 1998. For the purpose of providing this insurance and handling of any claims or complaints which may arise under it, we may need to transfer certain information which you have provided to other parties. By signing this proposal form you agree that such transfer(s) may be made.

Proposers Declaration.

Important - Information you have given us.

In deciding to accept this insurance and in setting the terms and premium, we will rely on the information you have given us. You must take care when answering any questions we ask by ensuring that all information provided is accurate and complete.

If we establish that you deliberately or recklessly provided us with false or misleading information we will treat the insurance as if it never existed and decline all claims.

If we establish that you carelessly provided us with incorrect or incomplete information that we have relied upon in accepting the insurance and setting its terms and premium we may;

- treat the insurance as if it had never existed and refuse to pay all claims and return the premium paid. We will only do this if we provided you with insurance cover which we would not otherwise have offered;
- amend the terms of your insurance. We may apply these amended terms as if they were already in place if a claim has been adversely impacted by your carelessness;
- charge you more premium for your insurance or reduce the amount we pay on a claim in the proportion the premium you have paid bears to the premium we would have charged you; or
- cancel your insurance.

If you are in any doubt at all regarding any of the answers you have given, you should ask your broker or contact KBIS Ltd. You must tell us, within 14 days of you becoming aware, if any of the information provided by you changes after you purchase your policy and during the period of your policy.

DECLARATION To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true.

Signature of Proposer

Name

On behalf of

Date

Date cover to commence :.....

EU DISCLOSURE CLAUSE (UK)

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.

No cover is in force until this proposal is accepted by the insurer and the premium is paid. The insurer reserves the right to decline any insurance proposal or to offer different premium and terms from those quoted dependent on the information you have provided.