KEY PERSON INSURANCE
(Accident & Sickness)

PROPOSAL FORM

HISCOX

E.U. DISCLOSURE CLAUSE (UK)

Notice to the Proposer/Insured

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.

Any enquiry or complaint should be addressed in the first instance to your Broker.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law.

The address is:

Complaints and Advisory Department Lloyd's
One Lime Street
LONDON EC3M 7HA

Telephone: 020 7623 7100

LSW1002(07/94)

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Please answer all the questions in full, ticking the appropriate boxes, and sign the declarations at the end of this proposal.

1. PROPOSER

Name

Address

Post Code:

The following questions are to be answered by the key person.

PERSON TO BE INSURED

Title | Surname | First names

Address (for correspondence)

Post Code:

2. OCCUPATION

Nature of business or occupation in which you are engaged (if more than one, state all). If your duties are not solely of an office or administrative nature give details

(Continue on a separate sheet if necessary)

3. PERSONAL DETAILS

Age:

Weight:

Height:

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DO NOT COMPLETE IF NOT BUYING SICKNESS COVER

4. MEDICAL HISTORY

Have you suffered from, received medical advice, counselling, treatment (including the prescription of medication or tablets) or tests at any hospital or clinic in connection with:

		Yes	*No*
a.	Asthma, tuberculosis, pneumonia, pleurisy bronchitis or any lung, chest or respiratory disorder?	☐	☐
b.	High or low blood pressure, palpitations, shortness of breath or pain in the chest on exertion, or any heart disorder?	☐	☐
c.	Any stomach, kidney, bladder or bowel complaint?	☐	☐
d.	Diabetes, cancer or tumour or any type of thyroid complaint?	☐	☐
e.	Epilepsy, fits, dizziness, depression or any brain, nervous or mental disorder?	☐	☐
f.	Rheumatism, gout, arthritis, disorder of the back, slipped disc, recurrent backache, lumbago, sciatica or other disease of muscles, bones or joints?	☐	☐
g.	Any ear, eye or skin complaint?	☐	☐
h.	Any blood or glandular disorder?	☐	☐
i.	Liver disease, misuse of alcohol or drugs?	☐	☐
j.	Any other illness, injury, operation or medical investigation, or medical check-up including x-ray or hospitalisation?	☐	☐
	Have you ever taken drugs for other than medical purposes?	☐	☐
	Are you seeking (or do you intend to seek) medical advice or counselling?	☐	☐

If you have ticked a shaded box, give full details in the space below

(Continue on a separate sheet if necessary)

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	Yes	*No*
Have you tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/ treated for other sexually transmitted disease, or are you awaiting the outcome of such a test?	☐	☐
Have you any symptoms, physical defects or disabilities?	☐	☐
Are you on any medication?	☐	☐
Have you taken, or been prescribed, any medication or drugs in the past 2 years?	☐	☐
Have you ever been examined for life assurance or permanent health insurance?	☐	☐
If so, were you accepted at standard terms?	☐	☐

When? .....

Have you ever had a pre-employment or other medical examination?	☐	☐

If so, with what result? .....

What is your DAILY intake of:

Alcohol (no. of units) .....

Cigarettes .....

Has your average daily intake ever exceeded this levels?	☐	☐

If so, state previous intake and when this was: .....

Have your natural parents, brothers or sisters, whether living or dead suffered from diabetes, raised cholestrol, high blood pressure, heart disease, stroke, renal disease or cancer before the age of 60?

Father	☐	☐
Mother	☐	☐
Brother(s)	☐	☐
Sister(s)	☐	☐

If yes, at what age did this occur? .....

What illness? .....

Is there any history of hereditary or congenital disease in your family? (eg familial polyposis of colon, polycystic disease of kidneys)	☐	☐

If you have ticked a shaded box, give full details in the space below

(Continue on a separate sheet if necessary)

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5. SPORTS AND PASTIMES

Do you go:	*Yes*	*No*
Riding or hunting, skiing or snowboarding, rock climbing or mountaineering, diving, parachuting, paragliding, parasending, hangliding, ice hockey, or flying?	☐	☐

If Yes, give details

IMPORTANT:
Some of the activities listed above are excluded from our policy. If you need coverage for them, you should state your requirements here:

(Continue on a separate sheet if necessary)

6. TRAVEL

Including holidays, state how many flights per year you undertake as a passenger on

Commercial airlines: ☐

Private aeroplanes: ☐

Helicopters: ☐

7. OTHER INSURANCE

		Yes	*No*
(a)	Are you insured against accident or illness?	☐	☐
(b)	Do the weekly benefits under all policies carried by you, including that now applied for here, exceed 75% of your average gross weekly income	☐	☐

If Yes, to either of the above, state with whom you are insured and for what capital amount and give details of weekly benefits on all policies.

(Continue on a separate sheet if necessary)

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8. PREVIOUS INSURANCE

	Yes	*No*
Have you ever been declined or accepted under special terms for life, accident or illness insurance, or has any insurer ever cancelled or declined to renew your policy?	☐	☐

If Yes, give details

(Continue on a separate sheet if necessary)

9. AMOUNT TO BE INSURED

			(tick) Accident/Sickness
1.	Accidental death	£	
2.	Permanent incapacity	£	
3.	Temporary incapacity (subject to the waiting period shown below in respect of each and every loss)	£	

Payable for:	52 weeks	104 weeks
	☐	☐

The waiting period is the first

☐ 30 days ☐ 60 days ☐ 90 days ☐ 120 days ☐ each and every loss

10. BENEFICIARIES

Name the beneficiaries in the event of a claim:

Accidental death .....

Permanent incapacity .....

Temporary incapacity .....

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DECLARATION

You must read this before signing below.
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 and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance.
(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

.....

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of proposer — Date

....

Signature of key person to be insured — Date

....

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.
You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

SUMMARY OF COVER
There are additional qualifications and restrictions on the cover summarised here and a copy of the wording showing the full extent of the cover, together with the conditions, limitations, exclusions and excesses may be seen upon application to your broker.
Where figures are quoted below you may be entitled to increased cover, on request, provided you pay an additional premium. Underwriters reserve the right to amend or restrict the cover provided.

KEY PERSON INSURANCE
Cover is given for incapacity of the key person as a result of any one accident , illness or accidental death. We will pay the sums insured shown in the schedule attached to the policy for accidental death, permanent incapacity or temporary incapacity.
The following are excluded: participation in armed forces operations; abnormally hazardous activities not disclosed to us and flying as pilot; pregnancy or childbirth; suicide or self-inflicted injury; criminal acts; accidents aggravated by alcohol or drugs; AIDS or related conditions; sexually transmitted disease; radioactive contamination or accidents caused by war or insurrection.

OTHER INSURANCES
Tick the appropriate box for details of other insurance cover

1. HOUSE AND CONTENTS	☐	4. PROFESSIONAL INDEMNITY	☐
2. HOLIDAY HOMES	☐	5. GENERAL AVIATION	☐
3. ANNUAL TRAVEL	☐	6. YACHT AND MOTOR BOATS	☐

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THIS PAGE DOES NOT FORM PART OF THE INSURANCE

A. TO BE COMPLETED BY THE "RETAIL" PRODUCING BROKER OR AGENT

(a) How long have you known the proposer(s)?

Yes	*No*

(b) Do you personally recommend the proposed insured(s) as suitable for insurance by underwriters?

(c) Have you discussed the contents of this proposal thoroughly with the proposer(s)?

(d) What other insurances do you handle for the proposer? For how long have you done so?

Signature

Date

Print or type company name and address

B. TO BE COMPLETED BY THE "WHOLESALE" BROKER OR AGENT IF NOT THE DIRECT PRODUCER

Yes	*No*

(a) Do you recommend the producing agent/broker to underwriters as a producer of high quality business?

(b) For how long have they produced business to you?

Signature

Date

Print or type company name and address