

STANDARD ALLIANCE INSURANCE PLC

(hereinafter called the "Insurers")

PROPOSAL FOR GROUP PERSONAL ACCIDENT INSURANCE

"AN INSURANCE AGENT WHO ASSISTS AN APPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

Period of Insurance: From.....To.....
PLEASE USE BLOCK CAPITALS

Name of Proposer in full.....
Business Address.....
Office Telephone No..... Mobile No.....
Business or Occupation.....

1. Do you desire the insurance to cover
 - (a) Named persons for fixed benefits only? If so please complete Schedule A below.
 - (b) Unnamed persons for benefits based on wages or salaries? If so, please complete Schedule B below.

PERSONS TO BE INSURED (Age Limits: 16 to 60 years)			AMOUNTS TO BE INSURED			
SCHEDULE A (See 1(a) above) Name of Person	Date of Birth	Business or Occupation	Death or Loss of Limbs or Eyes	Temporary Disablement		Permanent Total Disablement
				Total per week	Partial per week	

SCHEDULE B (See 1(b) above) Business or Occupation	Number		Estimated Gross Total Annual Salaries, Wages and other earnings	Death or Loss of Limbs or Eyes	AMOUNTS TO BE INSURED (Multiple of full salary or wages)		Permanent Total Disablement
	Male	Female			Temporary Disablement		
					Total	Partial	
(i) Administrative and Clerical							
(ii) Travelers							
(iii) Others (occupations to be described)							

Highest emoluments paid to any one individual.....
The amount selected for Temporary Total Disablement should not exceed full salary or wages.

2. Is the insurance to be restricted to accidents of employment? (see over)	
3. To what extent do the persons to be insured	
(a) Travel abroad?	(a).....
(b) Travel by air?	(b).....
(c) Own or regularly travel in a car other than an ordinary family saloon?	(c).....
4. No cover is given under the standard policy in respect of accidents resulting from the use of wood working machinery hunting steeple chasing racing of any kind (other than on foot) football, polo, motor cycling, mountaineering in the course of which it is necessary to use guides or ropes, winter sports, underwater pastimes, water skiing or air travel other than as defined overleaf. Certain of these activities can be included for an additional premium. If you require any such extensions state which and	
(a) The extent to which the activities are engaged in	(a).....
(b) The names of the persons concerned.. .. .	(b).....
N.B.- Participation in any sport as a professional is not covered.	
5. (a) Give details of all accidents of occupation during the past three years causing	
(i) death	(i).....
(ii) loss of limbs or eyes or permanent total disablement	(ii).....
(b) Give number of other accidents of occupation causing disablement for more than three days	(b).....
6. Are the persons concerned to the best of your knowledge in sound health and free from physical defect or infirmity?	
7. Has any Insurer ever declined a Collective Personal Accident Proposal covering your employees or declined to continue such an insurance or imposed increased rates or special conditions?	

Please read the following declaration very carefully and read again the questions and answers, especially if not completed in your own hand, before signing the form.

I/WE DECLARE to the best of my/our knowledge and belief that

- (a) the above answers are true
- (b) all material particulars affecting the assessment of the risk have been disclosed

I/WE AGREE that this proposal and declaration shall be the basis of the contract between me/us and the Insurers and shall be deemed to be incorporated in such contract.

I/WE UNDERSTAND that this insurance if accepted will be an annual contract renewable at the discretion of the Insurers.

Date..... 20..... Signature of Proposer.....

The liability of the Insurers does not commence until acceptance of the Proposal has been intimated by the Insurers or official cover note issued.

GROUP PERSONAL ACCIDENT INSURANCE

The Insurers Collective Personal Accident Policy, which may apply to either named or unnamed persons will provide any suitable combination of benefits which may be expressed either as fixed sums or proportionately to the annual earnings of the persons concerned and a quotation will be submitted on receipt of full particulars on the proposal form overleaf.

The Policy may be drawn to provide benefits for death or disablement resulting from either...

- (a) any accident – whether connected with employment or not - or
- (b) accidents arising out of and in the course of the employment, including attendance at or whilst proceeding to or from any meeting or business appointment on behalf of the employer.

COVER

A typical example of the benefits that may be provided is given hereunder:

- | | | |
|-----|-------------------------------------|---|
| (1) | Death } | |
| (2) | Permanent Disablement | } A Capital Sum payment representing one, |
| | Loss of one or more limbs or eyes | } two or three years salary or wages |
| (3) | Temporary Total Disablement } | A weekly allowance of one-half or three- |
| | | quarters of salary or wages for a period up to |
| | | 104 weeks. |
| (4) | Temporary Partial Disablement .. | Two-fifths of the allowance payable for (3). |
| (5) | Permanent Total Disablement other} | |
| | than loss of limbs or sight } | Annuity of 10% of (1) for a period of 10 years. |

The Cover provided is wide. The risks excluded comprise mainly death or disablement:

- (a) caused by or resulting from War or Riot or kindred risks.
- (b) due to intentional self injury or sustained whilst the Life Assured is suffering from insanity or is under the influence of intoxicants or occasioned or contributed to by venereal disease or pregnancy.
- (c) sustained whilst the Life Assured is engaged in various sporting activities (see *question 4*).

TRAVEL BY AIR – Policies cover travel AS A PASSENGER in aircraft operating on scheduled services or twin or multi-engine chartered aircraft.