

**ACCIDENT AND SICKNESS  
INSURANCE APPLICATION**



**GLOBAL JEWELLERY  
INSURANCE SERVICES**  
Peel Place, 50 Carver Street,  
Birmingham B1 3AS  
Tel: 0121 233 3401. Fax: 0121 236 2276

● Please reply fully to all the following questions  
If the answer to any questions is no state "NO"

**1. PROPOSER DETAILS**

- (a) Name in full of the Proposer (if other than the Person to be Insured)
- (b) Address of the proposer.....
- Tel:                      Fax:                      Post Code:
- (b) Relationship to the Person to be Insured.....

**2. INSURED PERSON**

The following questions relate to the person to be insured

- (a) Name in full .....
- (b) Address.....
- (c) Date of Birth                      (d) Height                      (e) Weight

**3. NATURE OF BUSINESS**

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 please give details.

**4. BENEFITS**

- (a) What Capital Sum do you wish to insure (death, loss of limbs, total disability) .....
- (b) What weekly or temporary total disability benefit do you wish to insure.....
- (c) The weekly benefit following an accident is available for 104 weeks or 52 weeks. State for which period you require the benefit to be payable .....

(d) Do you wish to restrict payment of benefits to ACCIDENTS only, ie EXCLUDING any SICKNESS benefits absolutely? **Yes/No**

**NB: If you are insuring temporary disability following sickness the maximum period for which benefit will be payable is 52 weeks only**

Medical Expenses up to 15% of the total amount of any claim paid for Temporary Total Disablement

**5. BENEFITS TEST**

Can you confirm that the weekly benefits under all policies carried by you, including that now applied for, do not exceed your average weekly income?..... **Yes/No**  
If NO, give details

Have you ever been declined or accepted on special terms, for life, accident, or illness insurance, or have Lloyd's Underwriters or any Company ever cancelled or declined to renew your policy?..... **Yes/No**  
If YES, give details

**6. AIR TRAVEL**

If you travel by air as a passenger in a properly licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern, please state the approximate number of flights and anticipated destinations

## 7. HAZARDOUS ACTIVITIES

Do you wish to be covered for the following risks which are NOT covered unless specifically agreed and endorsed on your policy? If YES, give details:

a) i) Winter Sports?.....	YES/NO	ii) Are competitions to be included?.....	YES/NO
b) Skin Diving involving the use of breathing apparatus?.....	YES/NO	c) Rock Climbing or Mountaineering normally involving the use of ropes or guides?.....	YES/NO
d) Potholing?.....	YES/NO	e) Hang-gliding or Parachuting?.....	YES/NO
f) Hunting on horseback?.....	YES/NO	g) Driving or riding in any kind of Race or Competition?.....	YES/NO
h) Riding Motor Cycles or Motor Scooters?.....	YES/NO	If YES, state cc.....	
i) Air Travel other than as described in Question 7?.....	YES/NO	j) Any other occupation, sport, pastime or activity which is likely to involve extra risk of accident?	YES/NO

**IF YOU HAVE TICKED ANY OF THE 'YES' BOXES GIVE FULL DETAILS BELOW**

Question No.          Details

--	--

## 8. HEALTH AND OTHER POLICIES

(a) Do you suffer from defective hearing or vision?..... If 'YES, give details	<b>Yes/No</b>
(b) Have you ever suffered from any heart condition, hypertension, varicose veins, nervous condition, alcoholism, drug addition or other illness or organic weakness of a chronic or recurring nature?..... If 'YES, give details	<b>Yes/No</b>
(c) What accidents or illnesses have prevented you from attending to your business or occupation for periods of more than 14 days during the past three years?	
(d) Apart from any matter you have already described, are you now in and do you generally enjoy good health?.....	<b>Yes/No</b>
(e) Are you now insured against accident or illness?..... If YES, with whom and for what capital amount and weekly benefits?	<b>Yes/No</b>

## 9. DECLARATION

To the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (NB. 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.)

I/We understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal; and I/We further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept this Insurance

**Signature of the Person to be Insured (if other than Proposer)**

**Date:**

**Signature of Proposer**

**Date:**

Brief details of the cover available are shown in this form. A copy of the full standard WORDING may be seen upon application to GJIS Ltd

## DEFINITIONS

'DEATH' means death within twelve months following the date of the Accident.

'BODILY INJURY' means identifiable physical injury which

- a) is sustained by the Assured during the period of this Insurance,
- b) is caused by an Accident and,
- c) solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such injury, occasions the death or disablement of the Assured within twelve months from the date of the Accident.

'ACCIDENT' means a sudden, unexpected, unusual, specific event which occurs at an identifiable time and place, but also includes exposure resulting from a mishap to a conveyance in which the Assured is travelling.

'ILLNESS' means illness of the Assured which declares itself during the period of this Insurance and occasions the total disablement of the Assured within twelve months after declaring itself.

'TEMPORARY TOTAL DISABLEMENT' means disablement which entirely prevents the Assured from attending to his business or occupation of any and every kind.

'TEMPORARY PARTIAL DISABLEMENT' means disablement which prevents the Assured from attending to a substantial part of his business or occupation.

'PERMANENT TOTAL DISABLEMENT' means disablement which entirely prevents the Assured from attending to any business or occupation of any and every kind and which lasts twelve months and at the expiry of that period is beyond hope of improvement.

'LOSS OF A LIMB' means loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes total and irrecoverable loss of use of hand, arm or leg.

'MEDICAL EXPENSES' means expenses necessarily incurred by the Assured for medical, hospital, surgical, manipulative, massage, therapeutic, X-ray or nursing treatment, including the cost of medical supplies and ambulance hire.

'AIR TRAVEL' means being in or on or boarding an aircraft for the purpose of flying therein or alighting therefrom following a flight.

## PRINCIPAL EXCLUSIONS

This Insurance does not cover death or disablement directly or indirectly arising out of or consequent upon or contributed to by:

war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power;

radioactive contamination;

the Assured engaging in or taking part in

- a) naval, military or air force service or operations;
- b) winter sports (other than skating or curling)
  - i) at any winter sports resort, or
  - ii) anywhere outside Great Britain, Northern Ireland, the Isle of Man, the Channel Islands or the Republic of Ireland;
- c) skin diving involving the aid of breathing apparatus, rock climbing or mountaineering normally involving the use of ropes or guides,

potholing, hang gliding, parachuting, hunting on horseback, or driving or riding in any kind of race;

- d) driving or riding on motor cycles or motor scooters other than mopeds; the Assured engaging in air travel except as a passenger in a properly licensed multi-engined aircraft being operated by a licensed commercial air carrier or owned and operated by a commercial concern; suicide or attempted suicide or intentional self-injury or the Assured being in a state of insanity;

Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) howsoever this syndrome has been acquired or may be named;

deliberate exposure to exceptional danger (except in an attempt to save human life), or the Assured's own criminal act, or the Assured being under the influence of alcohol or drugs.

AND in the case of illness: venereal disease; pregnancy and childbirth.

## CONDITIONS

If the Assured shall regularly engage in any occupation, sport, pastime or activity in which materially greater risk may be incurred than disclosed in connection with this Insurance without first notifying the Underwriters and obtaining their written agreement to the amendment of this Insurance (subject to the payment of such additional premium as the Underwriters may reasonably require as the consideration for such agreement), then no claim shall be payable in respect of any Accident arising therefrom.

If the consequences of an Accident shall be aggravated by any condition or physical disability of the Assured which existed before the Accident occurred the amount of any compensation payable under this Insurance in respect of

the consequences of the Accident shall be the amount which it is reasonably considered would have been payable if such consequences had not been so aggravated

Notice must be given to the Underwriters as soon as reasonably practicable of any Accident or Illness which causes or may cause disablement within the meaning of this Insurance, and the Assured must as early as possible place himself under the care of a duly qualified medical practitioner.

**NOTE: Wherever the word 'Assured' appears it should be deemed to mean 'Assured or the Insured Person as the case may be'.**