

Absence Insurance Proposal Form

Every question must be answered fully and correctly by the Person to be Insured or, on his/her behalf, by the Proposer.

A. Person to be insured

Name _____ Dr Mr Mrs Ms Miss Other

Address _____

Postcode _____

In case we need to contact you in connection with this proposal, please provide your contact details:

Email address _____ Daytime telephone number _____

Who is the Proposer? The person named above Please proceed to section C

The Practice Please proceed to section B

In the event of a claim, payments would be made to the Proposer.

B. Proposer

Practice Name _____

Address _____

Postcode _____

In case we need to contact the practice in connection with this proposal, please provide contact details:

Contact name _____

Email address/telephone number _____

C. Policy benefits

Sum insured £ per week

Deferment period 2 weeks 4 weeks 12 weeks other (please specify)

Benefit level Level 1 Level 2 Level 3

Continuity of cover Yes No

D. Start date

When would you like the cover to start?

Date / / or As soon as possible or Date to be advised

E. Premium payment

How would you like to pay the premium?

In full, by cheque payable to Practice Cover In monthly instalments (monthly instalments are subject to a credit charge)

In full, by BACS Payment method to be advised

G. Declaration and Signature

To the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our hand or not, is true and complete and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact may entitle the underwriters to void the insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by the underwriters. If you are in any doubt as to whether a fact is material or not, you must disclose it.) I/we understand that the underwriters will determine their terms and conditions based on the information provided in connection with this proposal. I/we further understand that the signing of this proposal does not bind me/us to complete, or the underwriters to accept, this insurance.

Data Protection Act 1998

The personal and business information you provide or which is supplied by third parties including the details of directors, officers, partners and employees may be used by us and /or our carefully selected third parties to provide you with a quotation, deal with your Policy, help administer your Policy, search credit reference agencies (who may keep a copy of the search), handle claims, undertake checks against publicly available data (such as county court judgements or sheriff court decrees, electoral roll, bankruptcy orders, winding up procedures, repossessions), for customer surveys, market research and compliance business reviews.

We share your details with those companies who are underwriting your insurance Policy and others including insurance organisations, professional advisers, third party suppliers, claims handlers, loss adjusters, professional advisers and mediation companies to administer and regulate your insurance, for fraud prevention purposes and where we are legally obliged to do so.

In some circumstances we may need to collect data which under the Data Protection Act is defined as sensitive (such as medical history or criminal convictions) for the purposes of evaluating risk, assessing the terms of the insurance contract or administering any claims that may arise.

By completing and signing this proposal form you have signified your consent to such information being processed by us. If you provided information (including any sensitive personal information) to us about another person, by doing so you have confirmed to us that you have their permission to provide it and for us to process that information, also that you have told them of this.

Under the Data Protection Act you are entitled to a copy of all the personal information we hold about you. To obtain details of this please contact us by writing to us including your name and address to Practice Cover Limited at the address below. A fee may be payable. Under the Data Protection Act we can only discuss the details given with you. If you would like anyone else to act on your behalf, please let us know.

Your personal details may be transferred to countries outside the European Economic Area. They will, at all times, be held securely and handled with the utmost care in accordance with all the principles of English law.

We will store your personal information on our secure databases but will not keep it longer than is necessary.

Signature of the Person to be Insured _____ Date / /

Signature on behalf of the Proposer _____ Date / /

Our contact details

Please send this completed form to:

Practice Cover,
Freepost Plus RSGG-XLAC-XXCA
Southampton
SO15 5JF

Email: admin@practicecover.co.uk
Tel: 023 8051 3286
Fax: 0844 854 1666