

## 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. Please mark appropriate square boxes with an X

### 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

## F. Person to be insured - health and medical history

1. Date of birth          /          /          Gender M       F       Height \_\_\_\_\_      Weight \_\_\_\_\_

2. What is your occupation? \_\_\_\_\_

3. Do you suffer from defective hearing or vision?

Yes  If Yes, \_\_\_\_\_  
No  to what extent? \_\_\_\_\_

4. Have you ever suffered from hernia, back or neck pain or strain or disc lesion?

Yes  If Yes, please give details, \_\_\_\_\_  
No  including dates and explain \_\_\_\_\_  
how this manifested itself \_\_\_\_\_

5. Have you ever suffered from any physical defect of a chronic or recurring nature?

Yes  If Yes, please give details, \_\_\_\_\_  
No  including dates \_\_\_\_\_

6. Have you ever suffered from any heart condition, hypertension, varicose veins, alcoholism or drug addiction?

Yes  If Yes, please give details, \_\_\_\_\_  
No  including dates \_\_\_\_\_

7. Have you ever suffered from any illness of a chronic or recurring nature?

Yes  If Yes, please give details, \_\_\_\_\_  
No  including dates \_\_\_\_\_

8. Have you ever suffered from any psychiatric illness or mental, nervous or stress-related disorder?

Yes  If Yes, please give details, \_\_\_\_\_  
No  including dates \_\_\_\_\_

9. Have you undergone or have you any reason to believe you may need to undergo a surgical operation?

Yes  If Yes, please give details, \_\_\_\_\_  
No  including dates \_\_\_\_\_

10. Have any accidents or illnesses prevented you from working for periods of more than 14 days during the last three years?

Yes  If Yes, please give details, \_\_\_\_\_  
No  including dates \_\_\_\_\_

11. Apart from any matter you have already described, are you free from any illness or injury?

Yes  If No, please give details, \_\_\_\_\_  
No  including dates \_\_\_\_\_

12. Do you anticipate that you might: (a) reside temporarily outside the UK? (b) engage in football, rugby, equestrian or winter sports or any other hazardous pastime?

Yes  If Yes, \_\_\_\_\_  
No  please give details \_\_\_\_\_

## F. Person to be insured - health and medical history

13. Are you insured against accident or illness?

Yes  If Yes,  
No  please give details

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14. 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 cover?

Yes  If Yes,  
No  please give details

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## G. Declaration and Signature

In deciding to accept this insurance and in setting the terms and premium, the underwriters will rely on the information you have given in this proposal form. You must take care when answering any questions by ensuring that all information provided is accurate and complete. If the underwriters establish that you deliberately or recklessly provided us with false or misleading information they will treat this insurance as if it never existed and decline all claims.

If the underwriters establish that you were careless in providing the information they rely upon in accepting this insurance and setting its terms and premium they may:

- treat this insurance as if it had never existed and refuse to pay all claims and return the premium paid. The underwriters will only do this if they provided you with insurance cover which they would not otherwise have offered;
- amend the terms of your insurance. The underwriters 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 for your insurance or reduce the amount they pay on a claim in the proportion the premium you have paid bears to the premium they would have charged you; or
- cancel your policy in accordance with the Right to Cancel condition below.

Practice Cover will write to you if the underwriters:

- intend to treat this insurance as if it never existed; or
- need to amend the terms of your policy; or
- require you to pay more for your insurance.

**CONTINUED OVERLEAF**

## 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](mailto:admin@practicecover.co.uk)    Tel: 023 8051 3286    Fax: 0844 854 1666

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