

LOCUMPLAN

practice locum insurance

Proposal Form

Please answer all the questions in this form honestly and in full. If you omit any information or provide misleading information we may be unable to pay a claim. If you are unsure whether a fact is relevant please include it.

Various Definitions, Conditions and Exclusions will apply to this insurance and these will be shown on your Policy Document. The cover referred to in the document is subject to English law.

Details of the proposer and the person to be insured					
PROPOSER					
In the event of a claim, claim payments would be made to the proposer					
Name of the Practice					
Address					
PERSON TO BE INSURED					
Name					
Address					
Are you self-employed?					
Date of birth (dd/mm/yy)		Height (m)		Weight (kgs)	

Benefit required	
TYPE OF BENEFIT	SUM INSURED
Temporary Total Disablement	£ per week

Excess period							
Weekly benefits are payable for a maximum of 52 weeks after expiry of the chosen excess period							
4 weeks		8 weeks		12 weeks		Other (please specify)	

Premium		
Net premium	£	LocumPlan will tell you the premium applicable to your application. Please remember that this premium and the terms applicable are subject to acceptance by the Underwriters. Any change to the premium or terms will be notified to you before your cover starts.
Insurance Premium Tax	£	
Total amount due	£	

Health and other information in respect of the person to be insured

The following questions will help the Underwriters to assess your application. If you answer YES to any of the questions, please provide full details in the space provided of the injury/illness, dates, treatment received and/or proposed, prognosis and anything else relevant to your condition.

1.	Do you have defective hearing or vision? If yes, please provide details:	YES / NO
2.	Have you ever suffered from hernia, lower back strain, disc lesion or any other defect of a chronic or recurring nature? If yes, please provide details:	YES / NO
3.	Have you ever suffered from any heart condition, hypertension, varicose veins, nervous condition, alcoholism, drug addiction or other illness of a chronic or recurring nature? If yes, please provide details:	YES / NO
4.	Are you currently receiving any medication or treatment or awaiting any surgical operation? If yes, please provide details:	YES / NO
5.	Have you had any accidents or illnesses which have prevented you attending your business or occupation for periods of more than 7 days in the past 3 years? If yes, please provide details:	YES / NO
6.	Do you participate in any competitive sport or dangerous leisure activity? If yes, please provide details:	YES / NO
7.	Do you currently have insurance against accident or illness? If yes, please provide details of the benefits payable and whether the policy will be cancelled on commencement of this new insurance: (Please note that the total weekly benefit under all accident and illness policies held by you must not exceed your gross weekly wage.)	YES / NO
8.	Have you ever been declined or accepted on special terms for life, accident or illness insurance or has any Lloyd's Underwriters or any company ever cancelled or declined to renew your insurance? If yes, please provide details:	YES / NO

Data Protection Act

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 Underwriters and their 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.

Underwriters 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 they are legally obliged to do so.

In some circumstances Underwriters 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.

Under the Data Protection Act individuals are entitled to a copy of all the personal information held about them. To obtain this information contact the Underwriters in writing, including your name and address to The Compliance Department, Sagikor Underwriting Ltd, 1 Great Tower Street, London EC3R 5AA. A fee may be payable.

Under the Data Protection Act Underwriters can only discuss the details given with you. If you would like anyone else to act on your behalf you will need to advise Underwriters.

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.

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

