

Important Notice

We will use the information you give on this Proposal Form to decide whether we are able to offer you cover, and if so at what terms, or if additional information is required.

- You must answer the questions fully and truthfully to the best of your knowledge. If you do not do so, your insurance cover may not protect you in the event of a claim, and your insurance may be invalidated. If you are in any doubt about whether to provide information when filling in the Proposal Form, please provide the information. If you are unsure about any medical information, you may wish to consult your doctor before completing the Proposal Form.
- It remains your responsibility to complete the Proposal Form properly. You cannot assume that your doctor will provide the information we need. Consultations for You should fully complete the Proposal Form yourself or with a qualified advisor. Where this is not possible, the you must read, agree, and if necessary amend any disclosures so that they are accurate and complete.

Disclosure of any changes since completion of this proposal for the following areas continues until your cover starts.

- Personal health
- Family history
- Occupation
- Travel or Residence
- Use of recreational drugs (eg cocaine, heroin)
- Smoking habit
- Alcohol consumption
- Hazardous pastimes

After submitting the Underwriting Disclosure & Application Form - Assura will send the prospective applicant a medical assesment request detailing what specific medical tests are required to support policy underwriting. While Assura will provide guidance where assesments can be procured it is up to the applicant to arrange and pay for required tests, scans and related medical reports independently.

Diary or affiliated companies to be insured:

Application Type

Single Joint

If Joint: Primary Policy Holder Name

Advisor Details

Company Name <input type="text"/>	FCA Number <input type="text"/>
Advisor Name <input type="text"/>	Contact Email <input type="text"/>

Personal information

1 - Life To Be Assured

Title (please delete as appropriate) <i>Mr Mrs Miss Ms Other</i>	Surname <input type="text"/>
Forenames <input type="text"/>	
Address <input type="text"/>	
Postcode <input type="text"/>	
Country <input type="text"/>	Contact Email <input type="text"/>
Telephone (Day) <input type="text"/>	Telephone (Eve) <input type="text"/>

Term Life insurance

Underwriting Disclosure & Application form

Date of Birth

Age Next Birthday

Place of Birth

Nationality

Marital Status

Number of Years resident in the UK: *(If applicable)*

What is your current Gross annual earned income? *(excluding investment income)*

Occupation *(e.g. if Co. Director, please elaborate)*

Do you take part in any of the following duties *(please tick all that apply)* :

Working at heights >15m/50ft

With explosives

Offshore fishing/marine

Mining/Tunnelling

Offshore oil/gas

Armed Forces/Security

Underwater

None of the above

2 - Plan details

Reason for cover *(Family protection / IHT / Business Loan / Key per son / Share purchase / Other)*

please state

Reason for cover *(level, decreasing, increasing, Gift Inter Vivos etc)*

please state

Sum Assured required *(and currency)*

please state

Policy Term required *(maximum 10 years)*

Frequency of Payment *(Single or Annual)*

please state

Proposer/Grantee Details:

If the proposer (Grantee) is not the life to be assured please complete the following:

Full Name of Grantee

Company Name *(if applicable)*

Address

Postcode

Relationship to the life to be assured

Insurable Interest

Please remember to sign the declaration on page 10



The following sections are to be completed by the life assured. We will use this information to decide on which terms to offer you insurance. We may decide to gain further information from your medical attendant or from an independent examiner. (Confidentiality details may be sent separately in a sealed envelope; please address for the attention of our Chief Medical Officer marked 'Private & Confidential').

3 - Lifestyle

If currently pregnant please state your pre-pregnancy weight

Height (*without shoes*)

 Ins / cm

Weight (*indoor clothes*)

 Lbs / Kgs

As your weight changed by more than 7lbs in in the past 2 years?

Yes

No

If yes, please detail amounts and reasons:

Amount

Reason

Have you smoked or used any form of tobacco product within the last 12 months?

Yes

No

If Yes, state type and average consumption

Type (*cigarettes / cigars / tobacco*)

Average consumption (*per day*)

Have you used any nicotine replacement product within the last 12 months? (*patches, gum, electronic cigarettes*)

Yes

No

Do you consume alcoholic drinks?

Yes

No

If Yes, please state your average consumption:

Units per week **

** 1 unit = 125ml glass of wine, 1 measure of spirit or ½ pint of beer/lager

Term Life insurance Underwriting Disclosure & Application form

Have you ever been given advice to reduce the level of your alcohol consumption or received alcohol related care?

Yes No

If Yes please give details of dates, treatment and level of alcohol consumption at the time:

In the last 10 years have you taken any kind of drug not prescribed by a medical doctor? (including cannabis, cocaine, heroin etc)

Yes No

If Yes please give details of dates, drug type and frequency

4 - Health details

Genetic test results:

You do not need to tell us about any predictive genetic test result you have had unless this application together with any existing cover will exceed GBP 500,000 for life insurance. If you are over this limit you must tell us about any predictive genetic tests for Huntington's disease. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for Insurers use. You should still answer all questions fully and where appropriate give details of family history, associated symptoms or treatment received for medical conditions whether genetically inherited or not.

LIFE TO BE ASSURED

	Have you EVER suffered from:	Yes	No	If Yes please give full details and dates:
a)	Any heart condition, such as angina, heart attack, heart valve disorder, defect, cardiomyopathy or heart surgery?			
b)	Any brain haemorrhage/ injury, stroke, mini stroke, transient ischaemic attack (TIA), brain surgery?			
c)	Any cancer, Hodgkin's disease, lymphoma, leukaemia, melanoma, tumour or cyst of the brain or spine?			
d)	Any neurological disorder such as multiple sclerosis, paralysis, cerebral palsy, motor neurone disease, Parkinson's disease, muscular dystrophy?			
e)	Alzheimer's disease or dementia?			

5 - Further Health Details

	Have you EVER tested positive for:	Yes	No	If Yes please give full details and dates:
a)	HIV/AIDS?			
b)	Hepatitis ?			

6 - Further Health Details

In the LAST 5 years have you had:	Yes	No	If Yes please give full details and dates:
a) Raised blood pressure?			
b) Raised cholesterol?			
c) Any chest pain, irregular heartbeat or palpitations?			
d) Any depression, anxiety, stress or nervous breakdown, including any form of suicide attempt or self-harm?			
e) Any disorder of the digestive system, liver, stomach, pancreas, or bowel? <small>(including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease)</small>			
f) Diabetes, impaired glucose tolerance or sugar in the urine?			
g) Musculoskeletal disorders, rheumatism, chronic fatigue, arthritis or back trouble?			
h) Respiratory conditions or disorder of the lungs including asthma, bronchitis and emphysema?			
i) Any disorder of the thyroid, adrenal or pituitary gland, or disorder of the blood including anaemia?			
j) Any prostate, gynaecological, kidney or bladder disorder including blood and/or protein in the urine?			
k) Any numbness, tingling, epilepsy, fits, faints, seizures, dizziness or visual disturbance?			
l) Any cysts, growths or freckles which have bled, changed or become painful?			
m) Consultations with any doctor, or been advised to have any investigations, scans or blood tests in connection with any medical conditions, not already disclosed above?			

7 - Further Health Details

Are you currently:	Yes	No	If Yes please give full details and dates:
a) Taking prescribed drugs, medicines, tablets or any other treatment?			
b) Awaiting any check-up, investigations, surgery or routine reviews?			
c) Awaiting the results or outcome of any investigations, surgery, tests or check-ups?			
d) Experiencing symptoms for which you might seek medical advice?			

8 - Family Health Details

Are you currently:	Yes	No	If Yes please give full details and dates:		
Have any of your biological parents, brothers or sisters before the age of 65 suffered from:			Condition	Relation	Age at diagnosis
a) Heart disease? (including heart attack, angina or cardiomyopathy)					
b) CVA, stroke, brain infarction or haemorrhage?					
c) Cancer? (please confirm type)					
d) Diabetes?					
e) Polycystic kidney disease?					
f) Multiple sclerosis, Parkinson's disease or motor neurone disease?					
g) Huntington's disease?					
h) Familial adenomatous polyposis?					
i) Any other hereditary disorder?					

Term Life insurance Underwriting Disclosure & Application form

Additional Information

Please use the space below to give further information on any questions answered "yes".

Life to be Assured:

9 - Activities, travel & existing cover

a) Do you engage in, or have any intention of engaging in, any of the listed activities? (please tick all that apply)

Mountaineering/rock climbing	<input type="checkbox"/>	Diving/caving/potholing	<input type="checkbox"/>
Aviation/Gliding	<input type="checkbox"/>	Heli-skiing	<input type="checkbox"/>
Motor car/cycle racing	<input type="checkbox"/>	Other extreme sport	<input type="checkbox"/>
Sailing/yachting/powerboat racing	<input type="checkbox"/>	None of the above	<input type="checkbox"/>

If yes please give details of types of sports, levels of difficulty, locations and frequency:

b) Has any application for Life, Critical Illness or medical insurance ever been declined/deferred/accepted on special terms?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

c) Have you effected or proposed for any Life or Disability cover on your life with any Insurer in the last 2 years; or are you making a concurrent application to any other offices?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

d) When adding the value of this insurance, does the value of all the life insurances you hold exceed GBP 1 million (or currency equivalent)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes please give details of previous acceptance terms, names of companies applied to, sum(s) assured, and type of policy:

Term Life insurance Underwriting Disclosure & Application form

e) Within the last 12 months, have you lived, worked or travelled outside your normal country of residence, the European Union, North America or Australasia? Yes No

If Yes please give details:

In the next 12 months do you plan to live, work or travel outside of your normal country of residence, the European Union, North America or Australasia? Yes No

If Yes please give details:

Country	Total number of days spent in the last 12 months	Country	Total number of days expected in the next 12 months
1		A	
2		B	
3		C	
4		D	
5		E	

10 - Medical attendants/general practitioners report

A report from your doctor may be requested.
Please provide the contact details of your usual medical attendant

Life

Doctors Name

Surgery Address

Postcode

Telephone Fax

Email

Number of years you have been registered with this doctor

ACCESS TO MEDICAL RECORDS CONSENT

We may need to get information from your doctor to support or verify the answers given in your application. This may be used to enable us to assess your application, for audit purposes, or in the event of a claim. Before we can ask your doctor to give us a medical report, you need to give your consent under the Access to Medical Records Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993. Your doctor will use the information from your medical records to complete the report

You do not need to give your consent, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

We will ask your doctor to provide information about your medical history, including details of any relevant illnesses, trauma, hospital admissions, medical consultations, referrals, tests or investigations and treatments that you may have had. We will also ask about your present health including any care, medication or treatment you are currently receiving and the results of any referrals or tests you may be waiting for. We will not ask your doctor to reveal information about any negative tests for HIV, Hepatitis B or C, or any sexually-transmitted diseases unless there could be long term effects on your health. Also, we will not ask your doctor to reveal information about predictive genetic test results (except genetic tests for Huntington's disease where the total amount of life insurance or critical illness is more than £500,000).

Your legal rights are as follows:

- You can ask to see the report before your doctor returns it to us, in which case please indicate this in the Declaration section (overleaf). If you do this, your doctor can see that you want access and will keep the report for 21 days so you can arrange to see it. If you have not made arrangements to see the report within this time your doctor will send the report to us.
- If you choose not to see the report now, you may ask your doctor for a copy within six months of your doctor sending it to us. If you think that any part of the report is not correct or is misleading you may ask your doctor to amend it. If the doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

PRIVACY AND DATA PROTECTION NOTICE

AmTrust at Lloyds Syndicate 44 (the Data Controller) is committed to protecting and respecting your privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which we process your personal data, for more information please visit our website at www.amtrustatlloyds.com.

How we use your personal data

We use the personal data we hold about you for the purposes of providing insurance, handling claims and any other related purposes (this may include underwriting decisions made via automated means), for offering renewal, research or statistical purposes and to provide you with information, products or services that you request from us. We will also use your data to safeguard against fraud and money laundering and to meet our general legal or regulatory obligations.

Sensitive personal data

Some of the personal information, such as information relating to health or criminal convictions, may be required by us for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is conditional for us to be able to provide insurance or manage a claim. Such data will only be used for the specific purposes set out in our notice.

Disclosure of your personal data

We disclose your personal data to third parties involved in providing products or services to us, or to service providers who perform services on our behalf. These include our group companies, third party administrators, reinsurers, reinsurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external accountants and auditors, regulatory authorities, and as may be required by law.

International transfers of data

We may transfer your personal data to destinations outside European Economic Area ("EEA"), Where we transfer your personal data outside the EEA, we will insure that it is treated securely and in accordance with the Legislation.

Your rights

You have the right to ask us not to process your data for marketing purposes, to see a copy of the personal information we hold about you, to have your data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict the processing of your data, to ask us to provide a copy of your data to any controller and to lodge a complaint with the local data protection authority.

Retention

Your data will not be retained for longer than is necessary and will be managed in accordance with our data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiry of the insurance contract, or our business relationship with you, unless we are required to retain the data for a longer period due to business, legal or regulatory requirements.

If you have any questions concerning our use of your personal data, please contact The Data Protection Officer, AmTrust International – please see website for full address details.

DECLARATION

I, the Life to be Assured, declare that, to the best of my knowledge and belief all the statements made including anything I may have said to a medical examiner appointed by the Insurer, are true and complete and have been recorded accurately on this Proposal Form.

I understand that if I do not give all of the requested information truthfully and accurately it could mean that a claim will be declined and the policy cancelled

I acknowledge that the Insurer will use the information given on this Proposal Form to determine whether to offer me a life assurance policy and what premium to charge. This Proposal Form alongside the Terms and Conditions shall form the legal relationship between myself and the Insurer.

I agree to immediately inform the Insurer in writing if there are any changes to any of my answers on this Proposal Form before the policy starts. I understand that if I do not do this then it could mean that a claim will be declined and the policy cancelled.

I have read the Data Protection statement and know how my personal data will be held and used

I consent to the Insurer requesting medical information, from any Insurance Office to which a proposal has been made for assurance on my life, and I authorise the giving of such information.

I have been informed of my rights under the Access to Records Act 1988 (Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Isle of Man Access to Health Records and Reports Act 1993. I do not* wish to see the report before it is sent to the Insurers. Please delete the word "not" if you wish to see the report.

Signature of Life to be Assured

Date

Full Name

If the Proposer is other than the Life to be Assured, please complete below:

I declare that, to the best of my knowledge and belief all the statements made are true and complete and have been recorded accurately on this Proposal Form.

I understand that if that if the requested information is not truthful and accurate it could mean that a claim will be declined and the policy cancelled.

I acknowledge that the Insurer will use the information given on this Proposal Form to determine whether to offer me a life assurance policy and what premium to charge. This Proposal Form alongside the Terms and Conditions shall form the legal relationship between myself and the Insurer.

I agree to immediately inform the Insurer in writing if there are any changes to any of my answers on this Proposal Form before the policy starts. I understand that if I do not do this then it could mean that a claim will be declined and the policy cancelled.

Signature of Proposer

Date

Full name and position of person signing on behalf of the Proposer