

Global Shield[®]

Group Injury, Illness and Business Travel

Insurance Proposal



CANOPIUS

If you have answered YES to any of questions 7 – 14 above, give details below

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Personal Accident Section (If Personal Accident cover is required, please complete this section)

1. Income related limits (to assist us to understand your business)

| Category | No. of persons | Total annual earnings | Highest individual salary |
|---------------------|----------------|-----------------------|---------------------------|
| A: Management | | £ | £ |
| B: Sales (external) | | £ | £ |
| C: Clerical | | £ | £ |
| D: Manual | | £ | £ |

2. Persons to be insured (if declared names are required. Continue on a separate sheet if more space is needed)

| Name or Occupation | Description of duties |
|--------------------|-----------------------|
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3. Please state the operative time you require for each category. Where required tick one box only for each category

| | A | B | C | D |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) 24 hours a day, worldwide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Occupational accidents including commuting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Occupational accidents excluding commuting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Work away from usual place of business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Overseas Business travel (see Business Travel Section) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: For Sums Insured of £250,000 or above, weekly benefit in excess of £750, or for individuals and groups of less than 6 lives, an individual health questionnaire may be required, please check with underwriters.

4. State the sum insured for each category – fixed limits

| | A | B | C | D |
|--|--|--|--|--|
| (a) Accidental Death | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| (b) Disablement (PTD, sight, limbs, speech, hearing) | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> | £ <input type="text"/> |
| (c) Permanent Disability Continental Scale extension | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

- | | | | | |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| (d) Temporary Total Disablement (per week) | <input type="text" value="£"/> | <input type="text" value="£"/> | <input type="text" value="£"/> | <input type="text" value="£"/> |
| Benefit Period (weeks) ie. 13, 26, 52 or 104 weeks | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Deferment Period (days) ie. Nil, 7, 14, 21 or 28 days | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (e) Temporary Partial Disablement (per week) | <input type="text" value="£"/> | <input type="text" value="£"/> | <input type="text" value="£"/> | <input type="text" value="£"/> |

5. Optional Extensions (do you require a quote for these?)

- | | | |
|--------------------------------|--------------------------|-------------------------|
| (a) Hospital and Convalescence | Yes <input type="text"/> | No <input type="text"/> |
| (b) Fracture | Yes <input type="text"/> | No <input type="text"/> |
| (c) Optical Injury | Yes <input type="text"/> | No <input type="text"/> |

Illness Section (only available if the Personal Accident Section is to be insured)

Is Cover Required? Yes No

1. Cover is required for:

- | | | | | |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| (a) Temporary Total Disablement (per week) | <input type="text" value="£"/> | <input type="text" value="£"/> | <input type="text" value="£"/> | <input type="text" value="£"/> |
| (b) Benefit Period (weeks) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (c) Deferment Period (days – minimum 14) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (d) Permanent Total Disablement | <input type="text" value="£"/> | <input type="text" value="£"/> | <input type="text" value="£"/> | <input type="text" value="£"/> |

Business Travel Section

Is Cover Required? Yes No

1. Cover is required for:

- | | | |
|--|--------------------------|-------------------------|
| (a) business travel outside the United Kingdom? | Yes <input type="text"/> | No <input type="text"/> |
| (b) holiday travel? | Yes <input type="text"/> | No <input type="text"/> |
| (c) daily travel to and from work? | Yes <input type="text"/> | No <input type="text"/> |
| (d) travel in the United Kingdom involving an overnight stay? | Yes <input type="text"/> | No <input type="text"/> |
| (e) internal United Kingdom flights? | Yes <input type="text"/> | No <input type="text"/> |
| (f) work away from normal place of business in the United Kingdom? | Yes <input type="text"/> | No <input type="text"/> |

2. Please give anticipated travel pattern details below:

| | Number of trips | Average duration | Maximum duration |
|---|----------------------|----------------------|----------------------|
| U.K. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Europe | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| USA/Canada | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Afghanistan, Chechnya, DRC, Iraq, Israel incl. Gaza & West Bank, Pakistan, Somalia, Sri Lanka | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Rest of the World | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please state the cover required for each section to be insured.

3. Medical and Emergency Expenses

(a) State the limits required:

| | A | B | C | D |
|-------------------|----------------------|----------------------|----------------------|----------------------|
| Europe | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| USA/Canada | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Rest of the World | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(b) Excess (amount payable by you) £25 £50 £100

4. Property and Money

(a) State the limits required: £

(b) Excess (amount payable by you) £25 £50 £100

5. Cancellation, Curtailment and Rearrangement Expenses

State the limit required: £

6. Personal Liability

If cover is required, please state the limit of indemnity £1 million £2 million

7. Other Requirements

Give details of any specific requirements.

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Previous History Section

1. Have you previously held Insurance for any of the covers proposed for this insurance?

Give details of any specific requirements.

| Name of Insurer | Policy No. | Expiry Date |
|-----------------|------------|-------------|
| | | |
| | | |
| | | |

2. For any of the covers proposed for this insurance has any Insurer;

- (a) declined, cancelled or refused any proposal or insurance? Yes No
- (b) refused renewal? Yes No
- (c) imposed special terms or conditions? Yes No

If Yes to a, b or c, please provide details

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3. Within the last 5 years have you had any claims made against you or have you any knowledge of any incidents that may lead to a claim for any of the covers proposed for this insurance?

If Yes, please provide details (if in accordance with any earlier submission, please attach a copy) Yes No

| Date | Details | Paid/Outstanding |
|------|---------|------------------|
| | | £ |
| | | £ |
| | | £ |
| | | £ |

Material Facts

Failure to disclose a material fact (any fact likely to influence the Underwriter’s acceptance or assessment of this proposal) will render this insurance voidable. If you are in any doubt about facts that might be considered material you should disclose them.

Are there are any other material facts you should disclose? Yes No

If Yes, please provide details on a separate piece of paper.

Declaration

I/We declare that to the best of my/our knowledge or belief the particulars and statements given in this proposal and any other information provided in connection with this proposal are true and complete and this proposal, declaration and information shall be the basis of the contract between myself/ourselves and Canopus Underwriting Limited. I/We agree to accept the Underwriter’s standard form of policy and endorsements for this insurance. (If applicable, I/we further agree that if I/we do not pay any instalment on the due date then I/we must pay the total premium that is outstanding within 10 days of Canopus Underwriting Limited asking for it. If I/we do not pay the policy will be cancelled.)

Signature(s)

Date

Name(s)

Position(s)

Canopus Underwriting Limited

Registered in England No: 2473672

Registered Office: Gallery 9, One Lime Street, London, EC3M7HA

Canopus Underwriting Limited is an Appointed Representative of Canopus Managing Agents Limited, which is authorised and regulated by the Financial Services Authority. Canopus Underwriting Limited and Canopus Managing Agents Limited are member companies of the Canopus Group.



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