

Sickness Shield

Individual Personal Accident and Illness

Insurance Proposal

Canopus Underwriting Limited

Registered in England No: 2473672

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Important Notices

The Proposal Form should be completed to the best of your knowledge and belief.

All premium indications are subject to satisfactory completion and acceptance of this Proposal Form.

All material facts should be disclosed (These are facts which are likely to influence the Underwriters' acceptance or assessment of your proposal). If you are in any doubt about facts considered material you should disclose them.

A copy of your completed Proposal Form is available from your Insurance Broker on request within three months of completion.

Name in full of Person to be Insured _____ Address _____ _____ Post Code _____
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Date of Birth _____ Height _____ Weight _____

Business or Occupation (including Occupational Duties) _____ _____ _____
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State the number of UNITS or Sum Insured you wish to insure: Capital Benefits: _____ Weekly Benefits: _____

Commencement date of required Period of Insurance _____
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Excess each claim (if other than standard) _____

Benefit 12 extended to 104 weeks (Delete as appropriate) YES/NO

Please answer the following questions **YES or NO**, and give details in the main box below where applicable:

1. Have you any defect of your sight or hearing or other senses and faculties?
2. Have you any defect or infirmity, which needed treatment or medical advice in the past two years or may require this in the future?
3. Have you ever suffered from:
 - (a) any mental, nervous, depressive or stress related condition?
 - (b) high blood pressure, a stroke, a heart condition or other circulatory disorder?
 - (c) a 'slipped disc' or other spinal disorder, a hernia, any rheumatic or arthritic condition, diabetes, any disorder of the digestive system or any respiratory, urinary or allergic condition?
4. Have you ever been declined or accepted on special terms for life, accident or illness insurance?
5. Are you now insured against accident and illness and do the weekly benefits under all insurances carried by your, including this proposed one, exceed your average weekly net earnings? (If so with whom and for what capital sum and weekly benefit?)
6. Have you ever received counselling or any medical advice, test or treatment in connection with drug addiction, alcoholism, A.I.D.S. or any A.I.D.S. related condition?
7. Do you anticipate that you might:
 - (a) reside temporarily outside the United Kingdom?
 - (b) undertake more than 40 air flights per annum, or fly other than as a fare-paying passenger?
 - (c) engage in football, rugby, equestrian or winter sports?
8. Please list below any other sports or pastimes that you regularly participate in.

Question No.	Dates and details where Questions answered YES above

I believe the above statements to be true and complete and understand that they will form the basis for Underwriters' consideration of my request for insurance. I declare that apart from the matters declared above, I am in good health and ordinarily enjoy good health. I consent to the Underwriters seeking medical information concerning anything that affects my physical or mental health and seeking any information from any Insurance Office to which a proposal has been made for insurance on my life and I authorise the giving of such information.

I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

Signature of Person to be Insured _____	Date _____
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Name and Address of Proposer <i>if other than Person to be Insured</i>	

_____ Post Code _____	
Signature _____	Date _____