



GROUP PERSONAL ACCIDENT POLICY



PEOPLESURE PROPOSAL FORM



ARRANGED BY



UNDERWRITTEN BY



Group Personal Accident Proposal Form

Insured Company Name:	
Business Description:	
Insured Address:	

Broker:	Coversure Insurance Services (REIGATE)
Renewal Date:	
Policy No:	

1. Estimates for the forthcoming period of insurance of personnel and waggerolls (please provide clerical/manual split if applicable)

Category of Insured Persons	Employee Numbers		Total Waggeroll	
	Clerical	Manual	Clerical	Manual
Occupational Only inc Work Away				

All Insured Persons whose benefit is more than £50,000 should be identified below;

Name	Salary	Job Title/Position

2. Location Information

Please provide the insured numbers of employees insured, for each location.

Risk/Office Postal Address	Postcode	Benefit	Employee Numbers
		£25,000 Core Benefits £200 P/Week for Temp Total Disablement (104 weeks, 7 day deferment period)	

NO CLAIMS DECLARATION FORM	
CLIENT NAME AND ADDRESS:	
Company Registration No:	
Contact Person:	Contacts Position:
Name of Proposer:	
Address Line 1:	
Line 2:	Town:
County:	Postcode:
Telephone:	e-mail:

Can the proposer confirm that:

TO BE COMPLETED BY THE INSURED

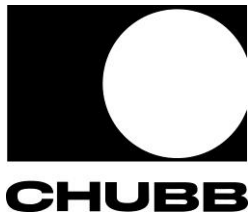
INSURANCE DECLARATION

I/We declare that the information given in the Proposal form / Declaration dated ___/___/_____ has not materially altered and that after full enquiry there have been no known or reported losses or circumstances which might give rise to a claim hereunder.

I confirm that the details supplied above are true and complete to the best of my knowledge and belief

Signature of Owner/Director:	Date:

Authorised and regulated by the Financial Services Authority.



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