



Balens BRIDGE Personal Accident (& Sickness) Application Form

If, having studied the Policy Summary and Key Facts document, you wish to apply for cover under the Balens BRIDGE Personal Accident (& Sickness) Policy please complete the details below. Once complete please return to the address shown at the bottom for processing. If there are any anomalies or further questions that we may need to ask you, for instance with regards to pre-existing conditions, you will be contacted by telephone or email.

A copy of the full policy wording is available at any time upon request.

1. YOUR DETAILS

Title:	<input type="text"/>	Forename(s):	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>			Telephone No:	<input type="text"/> Home/Work/Mobile *
					* Please delete as appropriate
Postcode:	<input type="text"/>	Facsimile No:	<input type="text"/>		
		Email Address:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Height:	<input type="text"/>	Weight:	<input type="text"/>
Occupation:	<input type="text"/>			Period of time in current Occupation:	<input type="text"/>
Annual Salary:	£ <input type="text"/>	<i>Please note that the figure shown for Annual Salary should be your taxable earnings.</i>			
Specify any Association or Governing Body that you are a member of:	1. <input type="text"/>		Membership No:	<input type="text"/>	
	2. <input type="text"/>		Membership No:	<input type="text"/>	

2. COVER REQUIRED

Please indicate the cover you require subject to the following limitations:

Section A – Personal Accident Capital Sums and Income Protection **Maximum number of units: 7**

Items A.8 and A.9 are not payable for any amount exceeding 60% and 30% of your Weekly Wage respectively.

Section A – Personal Accident Capital Sums Top Up **Maximum number of units: 18**

Section B – Sickness Capital Sums and Income Protection **Maximum number of units: 7**

N.B. If Section B cover is required the number of units selected MUST be the same as for Section A.

Items B.12 and B.13 are not payable for any amount exceeding 60% and 30% of your Weekly Wage respectively.

The total maximum benefit payable for Capital Sums (A.1 – A.7) must not exceed 7 times your Annual Salary.

Section A Personal Accident Capital Sums and Income Protection

Item:	Description	Benefit – One Unit of Cover
A.1	Accidental Death	£10,000
A.2	Loss of Limb	£10,000
A.3	Loss of Sight	£10,000
A.4	Loss of Hearing in both ears	£10,000
A.5	Loss of Hearing in one ear	£4,000
A.6	Permanent Total Disablement from Usual Occupation	£10,000
A.7	Continental Scale as specified in the Policy Wording, up to	£10,000
A.8	Temporary Total Disablement	£100 per week
A.9	Temporary Partial Disablement	£50 per week
	Items A.8 and A.9 are subject to	
	Excess Period *:	7 days
	Benefit Period:	104 weeks

* The Excess Period is increased to 14 days in respect of Bodily Injury sustained as a result of sporting activities

Number of Units Requested (Max. 7 Units):

Section A Personal Accident Capital Sums Top Up

Item:	Description	Benefit – One Unit of Cover
A.1	Accidental Death	£10,000
A.2	Loss of Limb	£10,000
A.3	Loss of Sight	£10,000
A.4	Loss of Hearing in both ears	£10,000
A.5	Loss of Hearing in one ear	£4,000
A.6	Permanent Total Disablement from Usual Occupation	£10,000
A.7	Continental Scale as specified in the Policy Wording, up to	£10,000

Number of Units Requested (Max. 18 Units):

Section B Sickness Capital Sums and Income Protection		
Item:	Description	Benefit – One Unit of Cover
B.10	Loss of Sight in both eyes	£10,000
B.11	Permanent Total Disablement by Paralysis	£10,000
B.12	Temporary Total Disablement	£100 per week
B.13	Temporary Partial Disablement	£50 per week
	Items 12. and 13. are subject to	Excess Period *:
		Benefit Period:
		7 days
		52 weeks #
<p>* The Excess Period is increased to 14 days in respect of Bodily Injury sustained as a result of sporting activities</p> <p style="text-align: center;">Number of Units Requested (Max. 7 Units): <input type="text"/></p> <p># You can increase Benefit Period 104 weeks for an additional premium – please delete option below as required</p> <p style="text-align: center;">Increased Benefit Period Required: <input type="text"/> Yes / No <input type="text"/></p>		

3. QUESTIONS AND DECLARATION

- a) In the last 3 years have you been prevented from undertaking your occupation for more than 7 consecutive days as a result of illness or accidental injury? YES / NO (Please delete as appropriate)

If YES, provide details:

- b) Have you ever been declined or accepted on special terms, for life, accident, or illness insurance, or any Company ever cancelled or refused to renew your Policy? YES / NO (Please delete as appropriate)

If YES, provide details:

- c) The Balens BRIDGE Policy excludes all pre-existing conditions unless declared to and accepted in writing by the Insurers. Do you have any pre-existing condition(s)? YES / NO (Please delete as appropriate)

If Yes, provide details (it may be necessary for us to send you a Health Declaration form and depending upon the information provided could result in cover being declined or an increased premium being required):

- d) Are you aware of any additional facts or circumstances that could increase the likelihood of claiming under this Policy that should be disclosed to Insurers? YES / NO (Please delete as appropriate)

If Yes, provide details:

- e) Do you have any other insurance which, along with this proposed cover, would provide more than 60% of your average Gross Weekly Wage following accident or illness? YES / NO (Please delete as appropriate)

If Yes, provide details:

To the best of my knowledge and belief the information provided in connection with this application is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Insurers to void the Insurance. (A material fact is one likely to influence the Insurers assessment or acceptance of this application. If you are in any doubt as to whether a fact is material or not you should disclose it.)

DATA PROTECTION ACT 1998

It is understood that any information provided to Balens Specialist Insurance Brokers and/or Insurers will be processed in compliance with the provisions of the Data Protection Act 1998, for the purposes of providing insurance and handling claims, if any, which may necessitate providing such information to third parties.

Applicant's Signature:

Print Name:

Date: