**Declaration:**

Have you the proposer, any director/partner of the business, either personally or in any business capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◦ Been bankrupt, insolvent, subject to bankruptcy/ insolvency proceedings |  Yes | [ ]  |  No | [ ]  |
| ◦ Had a proposal refused or declined |  Yes | [ ]  |  No | [ ]  |
| ◦ Had insurance cancelled or special terms imposed |  Yes | [ ]  |  No | [ ]  |
| ◦ Had any convictions for criminal offences  |  Yes | [ ]  |  No | [ ]  |

**Proposers Details:**

|  |  |
| --- | --- |
| ◦ Legal Trading Status |  |
| ◦ Business Name |       |
| ◦ Nature of Business/Trade/Type |       |
| ◦ Title |  |
| ◦ Forename  |       |
| ◦ Surname |       |
| ◦ Telephone Number |       |
| ◦ Email  |       |
| ◦ Website | www.       |
| ◦ Street Number/Name |       |
| ◦ Town/City |       |
| ◦ County |       |
| ◦ Postcode |       |
| ◦ Year Business Established |       |
| ◦ Years at Current Address |       |
| ◦ Claims Made in The Last 5 Years | Yes [ ]  No [ ]  (if yes, please give details) |
|  |       |
|  |  |

**Personal Accident:**(select only one)

1. [ ]  Multiple of Salary (if selecting this option, please complete the Insured Persons section)
2. [ ]  Fixed Benefits

(only complete this section if you have chosen option 2 above)

**Personal Accident Section - Required Cover:**

(select one of the 4 options below)

1. [ ]  All Employees of the Insured
2. [ ]  Directors only
3. [ ]  Directors and Clerical Workers only
4. [ ]  Named Employees only (if selecting this option, please complete the Insured Persons section)

 **Insured Persons:**

(only complete this section if you have chosen option 4 above)

|  |  |  |
| --- | --- | --- |
|  |  | **Multiple of Salary** (salary disclosure is required)  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       | Salary £      Multiple of Salary  |
| ◦ Date of Birth |       |
| ◦ Gender | Female [ ]  Male [ ]  |

**Cover Options:**

|  |  |
| --- | --- |
| ◦ Insurable Time | [ ]  24 Hours [ ]  Other (please advise)       |
| ◦ Death | Yes [ ]  No [ ]  |
| ◦ Permanent Total Disablement | Yes [ ]  No [ ]  |
| ◦ Temporary Total Disablement | Yes [ ]  No [ ]  |
| ◦ Temporary Partial Disablement | Yes [ ]  No [ ]  |
| ◦ Loss of an Eye or both Eyes | Yes [ ]  No [ ]  |
| ◦ Loss of a Limb or both Limbs | Yes [ ]  No [ ]  |
| ◦ Medical Cover | Yes [ ]  No [ ]  |
| ◦ Other (please list your requirements) |       |
| ◦ Limits (please list your requirements)(do not complete this section if Multiple of Salary) | Death £     PTD £     TTD £     TPD £     Eye/Eyes £     Limb/LimbsDeath £     Medical £     Other (please list)       £     Other (please list)       £      |

**Travel Section - Required Cover:**

|  |  |
| --- | --- |
| ◦ Choose your Travel Policy |  |
| ◦ Cover Start Date |       |
| ◦ Maximum Duration per Trip |  |
| ◦ Current Insurer |       |

(select one of the 5 options below, if there is anyone with medical conditions, please use the box provided)

1. [ ]  All Employees of the Insured
2. [ ]  All Employees of the Insured including Manual Work Away
3. [ ]  Directors only
4. [ ]  Directors and Clerical Workers only

|  |
| --- |
| Medical Conditions:       |

1. [ ]  Named Employees only (if selecting this option, please complete the Insured Persons section)

**Insured Persons:**

(only complete this section if you have chosen option 5 above)

|  |  |  |
| --- | --- | --- |
|  |  | Any Medical Conditions (if yes, please give details) |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       |       |
| ◦ Date of Birth |       |  |
| ◦ Gender | Female [ ]  Male [ ]  |  |
| ◦ Manual Activities Abroad | Yes [ ]  No [ ]  |  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       |       |
| ◦ Date of Birth |       |  |
| ◦ Gender | Female [ ]  Male [ ]  |  |
| ◦ Manual Activities Abroad | Yes [ ]  No [ ]  |  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       |       |
| ◦ Date of Birth |       |  |
| ◦ Gender | Female [ ]  Male [ ]  |  |
| ◦ Manual Activities Abroad | Yes [ ]  No [ ]  |  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       |       |
| ◦ Date of Birth |       |  |
| ◦ Gender | Female [ ]  Male [ ]  |  |
| ◦ Manual Activities Abroad | Yes [ ]  No [ ]  |  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       |       |
| ◦ Date of Birth |       |  |
| ◦ Gender | Female [ ]  Male [ ]  |  |
| ◦ Manual Activities Abroad | Yes [ ]  No [ ]  |  |
| ◦ Forename  |       | Yes [ ]  No [ ]  |
| ◦ Surname |       |       |
| ◦ Date of Birth |       |  |
| ◦ Gender | Female [ ]  Male [ ]  |  |
| ◦ Manual Activities Abroad | Yes [ ]  No [ ]  |  |

(if you have selected any manual activities abroad, please complete the box below)

|  |
| --- |
| Manual Activities Undertaken:       |

**Additional Cover Options:**

|  |  |
| --- | --- |
| ◦ Baggage | Yes [ ]  No [ ]  |
| ◦ Money | Yes [ ]  No [ ]  |
| ◦ Passport | Yes [ ]  No [ ]  |
| ◦ Cancellation  | Yes [ ]  No [ ]  |
| ◦ Medical Expenses | Yes [ ]  No [ ]  |
| ◦ Winter Sports | Yes [ ]  No [ ]  |
| ◦ Family Holiday Extension | Yes [ ]  No [ ]  |

**Travel Pattern:**

|  |  |
| --- | --- |
| ◦ UK only | Estimated Number of Trips       |
| ◦ Isle of Man/Channel Islands | Estimated Number of Trips       |
| ◦ Europe | Estimated Number of Trips       |
| ◦ Rest of World (excluding North America/Canada) | Estimated Number of Trips       |
| ◦ Worldwide (including North America/Canada) | Estimated Number of Trips       |

**Please email the completed form to** **admin@tcfellis.co.uk** **and we will respond within 48 hours.**

**Any Additional Information**

|  |
| --- |
|       |