

### Completing this Application Form

- To apply for Assura Protect Company Plan for businesses, complete this Application Form in BLOCK CAPITALS using a ball point pen (blue or black ink).
- Insurance begins when Assura Protect, its underwriters and/or AM Trust at Lloyd's - Syndicate 44 has accepted your application and confirmed this to you in writing.
- You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.
- You should keep a record of all information supplied to Assura Protect (including copies of correspondence).
- A copy of the Application Form can be supplied on request within a period of 3 months after its completion.
- A copy of the Policy is available on request.

**A**    **General**

**1.** Full registered name of the business to be insured

Ltd Co | PLC | Partnership | Sole Trader (Delete as applicable)

**2.** Business address

Postcode

**3.** Description of trade/business including any hazardous activities

**4.** Date business established

**5.** Company registration No.

**6.** Commencement date of cover

**7.** Renewal date required

Please answer the following questions by ticking the appropriate box. If you do not have enough room to complete additional information to answers please use a separate sheet of paper:

**8.** Have you previously held a Cash Plan, Group Life or similar policy?

Yes    No

If YES, please state insurer and for what period?

**9.** In relation to this type of insurance has any insurer ever declined to provide cover, imposed special terms, cancelled cover or declined to renew your insurance?

Yes    No

**10.** In relation to any other type of insurance (i.e. Employers Liability, Building insurance, Combined All Risks, has any insurer ever declined to provide cover, cancelled your cover or declined to renew your insurance?

Yes    No

If YES, to 8, 9 or 10 above please provide details

**11.** Do you wish to pay your premium by instalments? (Note: A Direct debit form must be received before commencement of the insurance.) Please note an interest charge will be levied for this facility.

Yes    No

**B**

**PERSONS TO BE INSURED**

! Please answer the following questions by ticking the appropriate box. If you do not have enough room to complete additional information to answers please use a separate sheet of paper:

1. Are all employees to be insured? Yes  No

2. Are any part-time, temporary or casual employees to be insured? Yes  No

3. Do all of the employees to be insured work and operate totally within the UK? Yes  No

If NO, please state what percentage work abroad and for how long, and detail each specific country and the relevant staff numbers.

4. Is insurance to start at commencement of employment for new employees? Yes  No

If NO, please state qualification period before insurance is to commence

5. Having made appropriate enquiries, to the best of your knowledge and belief, are all persons to be insured free from defect or infirmity and are in good health and will be actively at work at the inception of this insurance (other than for being off on holiday or jury service)? Yes  No

If NO, please give details

6. Have you smoked cigarettes, cigars or a pipe or used any other tobacco products, such as nicotine replacements, snuff or chewing tobacco in the last 12 months? Yes  No

**C TYPE OF COVER**

Please list all eligible employees:  
(electronic print-outs including the same headings are also acceptable)

	Full name	Date of birth	Do you wish to include family option?
1.			Yes
2.			Yes
3.			Yes
4.			Yes
5.			Yes
6.			Yes
7.			Yes
8.			Yes
9.			Yes
10.			Yes
11.			Yes
12.			Yes
13.			Yes
14.			Yes
15.			Yes
16.			Yes
17.			Yes
18.			Yes
19.			Yes
20.			Yes
21.			Yes
22.			Yes

**!** If you have answered 'YES' to the family option above please complete the next page.

**IMPORTANT NOTES**

- This insurance will not commence until we have assessed and accepted your application and confirmed this to you in writing
- In most instances your payments will be as originally quoted. Revised terms may be offered to you, but occasionally we may be unable to offer any terms.
- If we ask any of your employees to attend a medical examination, it may be necessary for us to share the application information with another company authorised by us. They will make the arrangements for the examination to take place, usually by telephone.
- The insurers have a confidentiality policy in place which means that your employees' medical information is held securely and access is limited to authorised individuals only.
- It may be necessary to send your application and relevant medical reports to our insurers for their opinion or agreement of the terms offered.
- You are entitled to ask for a copy of the terms and conditions of your insurance at any time and can request a copy of your application form within a period of 3 months after its completion.
- You are free to choose the law applicable to this policy. Your policy will be governed by the law of England and Wales unless you and we have agreed otherwise.

**D FAMILY ENROLMENT**

Completing this section



- Group Secretary to complete all sections in block capitals
- Please photocopy this page as required to enrol additional employee's family members

**Employee's Details**

1. Employee's surname

2. Title (Mr / Mrs / Miss / Ms)

3. Forename(s)

4. Date of birth

5. To be enrolled from

6. Group number (if joining an existing scheme)

7. Company name

Ltd Co | PLC | Partnership | Sole Trader (Delete as applicable)

8. Home address



Postcode

9. Daytime Telephone number

10. Email address

Details of family members to be covered under the family option

	Forenames of family members to be included (eldest first) (include surname if different from above)	Relationship to employee	Date of Birth
1.			
2.			
3.			
4.			
5.			

**Employee's Details**

1. Employee's surname

2. Title (Mr / Mrs / Miss / Ms)

3. Forename(s)

4. Date of birth

5. To be enrolled from

6. Group number (if joining an existing scheme)

7. Company name

8. Home address

Postcode

9. Daytime Telephone number

10. Email address

Details of family members to be covered under the family option

	Forenames of family members to be included (eldest first) (include surname if different from above)	Relationship to employee	Date of Birth
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>



Please sign this declaration once you have read it. If you are unsure as to whether any information should be given, you should provide it.

**I declare that:**

- I will inform the Assura Protect or the insurers' administrator of any changes that occur before this insurance commences. I understand that failure to do so may result in this insurance being declared void and that a claim for the benefits may not be paid.
- To the best of my knowledge and belief all the statements made, which includes anything I have said, have been recorded accurately in this application or are as attached and are true and complete. This disclosure will form the basis of the contract.
- I understand that this is a annual contract with various qualification periods that have to be satisfied before I can make a claim. I also have read and understand the key facts document.
- I understand that I may be required to complete a declaration of health form every 12 months whilst I continue to have this insurance cover.
- I agree to Compass and the insurers obtaining medical information from any doctor I have consulted about my physical or mental health, in order to assess my proposal.
- Compass and the insurers may obtain relevant information from other Insurers about previous or concurrent applications for similar insurances that I have applied for.
- I authorise those asked for such information to provide it on the production of a copy of this consent. This consent allows Compass and the insurers to obtain reports at any time during the life of the plan to support any claim made on the plan proceeds.
- In the event of an insurance claim, I consent to any information which I provide to you, whether on this form, the claim form or otherwise, being put onto a Register of Claims through which insurers share such information to prevent fraudulent claims.
- I agree that a copy of the agreement given in this declaration will have the validity of the original.

**Data Protection and Privacy**

**Insurance Administration**

- Information you supply may be used for the purposes of insurance administration by the insurers and scheme administrator. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing compliance with any regulatory rules/codes.
- Your information may also be used for crime prevention. For any of these purposes, your information may be transferred to countries that do not have stringent data protection laws. If this is necessary, the Data Controller (as defined in the Act) will seek assurance from that party as to the security surrounding the handling of your information.
- On payment of the appropriate fee, you have the right to access and if necessary rectify information held about you (this is known as a Subject Access Request). Please contact the scheme administrator's Compliance officer, in writing, to exercise these rights.
- Should you take out the monthly direct debit option you agree to Assura Protect, Compass Underwriting Limited or the Premium Finance Company undertaking due diligence including the assessment of your credit rating in line with current legislation and that failure to comply with their terms and conditions could result in penalties being incurred by you.
- In assessing any claims made checks may be made against publicly available information (such as electoral roll, county court judgements, bankruptcy or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer or scheme administrator (such as loss adjusters or claims investigators).
- When your insurance ends, the insurers and scheme administrator will destroy or erase all information held about you (including information held on their systems) after a period of 7 years and instruct their associated companies and agents to do the same.

**Sensitive Personal Data**

- To assess the terms of the policy or handle claims which arise, it may be necessary to collect data which the Data Protection Act defines as sensitive (such as medical history, criminal convictions or employment records). Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain your explicit consent before this information is processed.
- When you apply for this insurance and sign this declaration you confirm that your consent is given to the processing and transfer of information described in this notice.
- Without such consent, it would not be possible to offer you this insurance.

**Important Notes**

- Whilst the parties to this insurance are free to choose the law applicable to it the insurer proposes the law of England and Wales and in the absence of any other agreement, the law of England and Wales will be used.
  - This insurance will not commence until we have assessed and accepted your application and confirmed this to you in writing.
- In most instances your insurance terms will be as originally quoted. Revised terms may be offered to you, but occasionally we may be unable to offer any terms.
- The insurers have a confidentiality policies in place which means that your medical information is held securely and access is limited to authorised individuals only.
  - You are entitled to ask for a copy of your policy wording at any time and can request a copy of your application form within a period of 3 months after its completion.
  - The UK Financial Services and Markets Act 2000 covers your plan. It is designed to protect you if the insurers become insolvent.

Signature

Agent Stamp (For agent use only)

Signature

Agent Number

Date

## WHAT TO DO NOW

Please ensure that you have completed and signed this application form.

- Please ensure that you have read and understood the Declaration and Important Notes.
- Please ensure that you have read and understood the Policy Summary document.
- Please ensure that you have completed and signed the Direct Debit Mandate for annual or monthly payments.
- Please forward all the completed documents to Assura at their address shown below