



**TOKIOMARINE**  
**HCC**

**Specialty Group**

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# **TokioMarine HCC – Specialty Group**

## **Key Man Proposal Form**

## Important Notice

All questions must be answered to enable a quotation to be given.

Completing and signing the Proposal does not bind the Proposers or Underwriters to enter a contract of insurance. However, please note that if cover is taken up the contents of this form are material.

**Please Note that Underwriters may not provide cover if any part of this form is Left Blank**

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Every question must be answered fully and correctly by the person to be insured or on his behalf by the Proposer in ink.

Name & Address of the Proposer

**The following questions all relate to the Insured Person**

Name & Address of the Insured Person

Date of Birth

Nationality

Height

Weight

What is your Business / Occupation?

Business Address

Details of any non-administrative / office duties

Please advise who the beneficiary of this policy would be in the event of accidental death.

Name

Relationship to the Insured

Please state period of Insurance & commencement date required

Period	Commencement Date
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Annual salary (this information is essential to justify the level of coverage)

Basic Wage	Additional Income
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Is your Net Worth greater than £2,500,000

Yes / No

What Capital Sum do you wish to insure? (please state currency)

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Please consider & select an appropriate Scale of Benefits

(if none of these scales are suitable, please insert your requirements under E)

The total sum payable under the insurance in respect of any one or more claims in respect of any one Insured Person shall not exceed in all the largest sum insured under any one items contained in the Scale of Benefits

Scales of Benefits (in percentages of the Capital Sum)		A	B	C	D	E
<b>Benefits payable in respect of ACCIDENT</b>						
1	Death	100 %	-	100%	100%	
2	Permanent total disablement	-	100%	100%	100%	
3	Temporary total disablement (per week)	-	-	-	1%	
4	MAXIMUM number of weeks for which benefits are payable under Item 3	-	-	-	52	
<b>Benefits payable in respect of ILLNESS</b>						
5	Permanent total disablement	100 %	-	100%	100%	
6	Temporary total disablement (per week)	-	100%	100%	100%	
7	MAXIMUM number of weeks for which benefits are payable under Item 6	-	-	-	1%	

Does the weekly or monthly benefits under all policies carried by you, including those within this application, exceed your average net weekly/ monthly income? *If YES, please give details.*

Yes / No

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1 Do you intend to:-

1.1 fly as a passenger in excess of 20 times per annum?

*If YES, please state the anticipated number of flights per year, destinations and type of aircraft (commercial / private fixed wing / helicopter).*

Yes / No

1.2 fly other than as a passenger?

*If YES, please give details.*

Yes / No

2. Do you participate in any of the following

*If YES, please give details.*

2.1 Winter Sports

Yes / No

2.2 Skin Diving involving the use of breathing apparatus

Yes / No

2.3 Rock Climbing or Mountaineering normally involving the use of ropes or guides

Yes / No

2.4 Potholing

Yes / No

2.5 Parachuting

Yes / No

2.6 Horse riding

Yes / No

2.7 Driving or riding in any kind of Race or Competition

Yes / No

2.8 Riding Motor cycles or Motor Scooters

*If YES, state CC*

Yes / No

2.9 Football and / or Rugby

Yes / No

2.10 Any other occupation, sport, pastime or activity, which is likely to involve extra risk of accident

Yes / No

*If YES, to any of the above in Section 2, please give details to below*

3. Are you currently free of injury and/or illness?  
*If NO, please give details.*

Yes / No

4. Have you ever had any Driver's License revoked, suspended or restricted? *If YES, please give details.*

Yes / No

5. Have you ever taken any drugs other than those prescribed by any doctor? *If YES, please give details.*

Yes / No

6. Are you allergic, or have you ever had any adverse reaction to any medicine(s) or other substance(s) *If YES, please give details.*

Yes / No

Within the last 5 years have you:-

- 7.1 attended a doctor or hospital due to any ailments or serious illness  
*If YES, please give details.*

Yes / No

- 7.2 had any X Rays, CAT scans or MRI Scans  
*If YES, please give details, and dates.*

Yes / No

- 7.3 taken any prescribed medicine, including courses of cortisone, pain reducing or anti-inflammatory medication  
*If YES, please give details, and dates.*

Yes / No

- 8 Within the last 5 years have you ever suffered from any of the following:-  
*If YES, please give details.*

- 8.1 a 'slipped disc' or other spinal disorder, a hernia, or any rheumatic or arthritic condition?

Yes / No

- 8.2 high blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes?

Yes / No

- 8.3 clinical depression or anxiety, any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind, or alcoholism or drug addiction?

Yes / No

- 8.4 any defect of your sight or hearing, or other senses or faculties?

Yes / No

- 8.5 any respiratory, urinary or allergic condition, or any disorder of the digestive system?

Yes / No

- 8.6 any accidents or illnesses that have prevented you from attending to your business or occupation for a period of more than 14 days during the last five years?

Yes / No

If YES, to any of the above in Section 8, please give details to below

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9

9.1 Do you/ have you smoked cigarettes or any other form of tobacco?  
*If YES, please give details of number smoked per day and how long you have smoked.*

Yes / No

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9.2 On average how many units of alcohol do you consume per week?

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10

10.1 Are you currently insured against Accident or Illness?  
*If YES, please give details.*

Yes / No

Name of Insurer
Benefits Covered

10.2 Have any Claims been made in respect of accident or illness?  
*If YES, please attach in each case the nature of the claim, amount, and name of Insurer.*

Yes / No

11 Have you been declined, cancelled or accepted on special terms, for Life Insurance or Insurance against accident or illness?  
*If YES, please attach full details.*

Yes / No

**(If you are covered by a group policy of any sort, please check the details)**

## Declaration

- a) I / We warrant that that this proposal and questionnaire has been completed to the best of my / our knowledge and belief that all statements and particulars provided by me / us are true and complete
- b) I / We have NOT misstated, omitted, or suppressed any material fact or information (a material fact is one which is likely to influence an Underwriter's assessment and acceptance of a proposal. If you are in any doubt as to whether a fact is material or not you are advised that it is in your own interest to disclose all facts).
- c) I / We agree that this proposal and questionnaire and any information provided in connection with it shall form the basis of the contract between me / us and the Underwriters, and to be bound by the terms and conditions of the policy
- d) If there is any material alteration to the facts or information which I / we have provided or any new material matter arises before completion of the contract of Insurance, I / we undertake to inform Underwriters
- e) I / We agree that if any answers have been written by another person then for that purpose such person will be regarded as my / our agent and not the agent of the Underwriters
- f) I / We are authorised to sign on behalf of all proposers
- g) I / We understand that
  - i. The liability of the Underwriters does not commence until this proposal has been accepted by them
  - ii. The Underwriters reserve the right to decline any proposal
- h) I / We agree to the seeking of information from credit and other agencies in connection with this proposal
- i) I / We understand that the existence of any procedures for dealing with complaints do not prejudice my / our right to take legal action against Underwriters.

Your information (including information we already hold and may receive now and in the future as well as information about lapsed policies) may be held on a group database and may be shared with other HCC Group Companies. Your information will be used for general insurance administration purposes, for offering renewal, for research and statistical purposes and for crime prevention. In the course of performing our obligations to you, your information may be disclosed to agents and service providers appointed by us, including insurers, consultants, data processors, market research and quality assurance companies. Your information may be transferred to any country including countries outside of the European Economic Area for any of these purposes and for systems administration. Such information may include 'sensitive data'.

The Data Protection Act 1998 defined sensitive data as information about your racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union memberships, physical condition or mental health, sexual life, criminal record, pending court proceedings or sentence or any alleged offence.

You have the right to access (subject to limited exceptions) or to amend the information we hold about you. If you would like to exercise either or these rights please contact HCC Specialty Underwriters Ltd.

When our clients supply us with information containing personal data (names, addresses, or other information relating to living individuals), we hold and use that data to perform general and other services for those clients on the understanding that the individuals to whom the data relates have been informed of the reason(s) for obtaining data and the fact that it may be disclosed to third parties such as the HCC Group of Companies.

Insurers may pass information to crime prevention and anti-fraud registers and databases. These may also be searched when dealing with your request for insurance. Under the conditions of your policy, you must declare all incidents whether or not they have resulted in a claim.



Signature of Insured

Dated

Signature of Insured Person (if applicable)

Dated

***A copy of this proposal form should be retained by you for your records.***