



Arborplan

INSURANCE FOR ARBORICULTURAL AND FORESTRY
CONTRACTORS AND CONSULTANTS
(AND ALLIED ACTIVITIES)

PROPOSAL FORM FOR

PERSONAL ACCIDENT (and optional ILLNESS)

Arranged by and available exclusively through

BRYANT KESEK & PARTNERS

Insurance Brokers

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Authorised and regulated by the Financial Services Authority

1. Please ensure that this Proposal Form is completed in ink leaving no questions unanswered. It is imperative that full consultation has taken place.
2. A number of questions request 'YES' or 'NO' answers. Please ✓ (tick) the box that DOES apply.
3. Should there be insufficient space to answer any questions please give full details on a separate sheet of paper. Please ensure that same is signed, dated and makes clear reference to the question(s) to which it/they refer to on the Proposal Form. If a supplement attaches to this Proposal Form please ✓ here.
4. Completion of this Proposal Form does not automatically bind the Proposer or Underwriters to effect a Contract of Insurance.
5. Should the Proposer require any advice as what may constitute material information or any information which is relevant to this Proposal Form then the Proposer can seek advice from Bryant Kesek and Partners.

STRICTLY CONFIDENTIAL
PLEASE COMPLETE IN BLOCK CAPITALS THROUGHOUT

1. **PROPOSER**

2. **POSTAL ADDRESS**

Postcode:

3. **Tel:** _____ **Mob:** _____ **Fax:** _____

4. **Date of Birth:** / /

5. **BUSINESS** Please tick which business activities you are involved in:

Arboriculture	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Machine Forestry	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Other Forestry	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Fencing	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Hard Landscaping	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Soft Landscaping	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Maintenance Gardening	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Consultancy	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Other (please give details)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

6. **HEALTH**

(a) Are you currently free of injury, disease or discomfort YES NO

If "NO", full details please:

(b) Have you during the past 12 months been ill, under medical supervision or taken medication (other than for minor illnesses such as colds, flu etc.)? YES NO

If "YES", full details please:

(c) Have you had any accidents, illnesses, medical or surgical treatment in the last 12 months? YES NO

If "YES", Date(s):
Ailment(s):

(d) Have you any reason to think that you may need to undergo medical supervision or a surgical operation in the future? YES NO

If "YES", please give reasons and details:

(e) Have you had any X-Rays, CAT Scan or MRI (Magnetic Resonance Imaging) Scan in the last 12 months YES NO

If "YES", please give reasons and details:

(f) Ever been declined or accepted on special terms for life, accident or illness insurance? YES NO

7. **GENERAL QUESTIONS**

i) Do the weekly benefits under all insurances carried by you, including this proposed one, exceed your average weekly net earnings? YES NO

ii) Do you anticipate that you might:
a) Travel extensively or reside temporarily outside the United Kingdom? YES NO

b) Undertake more than 20 air flights per annum, or fly other than as a fare-paying passenger? (if so please state full details and expected number of flights) YES NO

c) Engage in football, rugby, equestrian or winter sports, or any other sports or other pastimes rendering you liable to personal injury? YES NO

iii) Is there any other material information affecting the proposed insurance which should be disclosed to the Underwriters? YES NO

iv) Are you now or have you previously been insured for Personal Accident and/or Illness? YES NO
If **Yes** please state name of Insurer and expiry date.

v) Have you:
a) Had any proposal or insurance declined, cancelled, refused, or made subject to increased rates or special terms? YES NO

b) been convicted of arson or any offence involving dishonesty of any kind (e.g. fraud, theft etc) YES NO

c) been prosecuted under any safety legislation during the last 5 years? YES NO

d) been declared bankrupt or insolvent? YES NO

If **YES** please give full details

If you have answered YES to any GENERAL QUESTIONS please give details in the boxes provided.

8. **CLAIMS HISTORY**

If you are now or have previously been insured for Personal Accident and/or Illness please give details below of all claims in the last five years including name, nature of disability, period off work, dates and amount of claim payment.
If none answer "**NONE**".

9. **ILLNESS**

Do you require a quotation to include illness cover? YES NO
(If "YES" we will send you a Supplementary Proposal for completion)

10. **YOUR OCCUPATION**

Do you work MANUALLY? YES NO
If "NO", cover will be restricted to Clerical, Managerial, Supervisory and Administrative work not involving manual work.

11. **BENEFITS REQUIRED**

The following constitutes ONE UNIT of cover. You select the number of Units you require but the amount of Benefit (4) must not exceed your average weekly income.

- (1) Death) as a £10,000
- (2) Loss of one or more limbs or the sight of one or both eyes) result £10,000
- (3) Permanent Total Disablement from gainful employment of any kind) of £10,000
- (4) Temporary Total Disablement from usual occupation) accident £100 per week
- (5) Temporary Partial Disablement from usual occupation) £40 per week

Benefits (4) and (5) are payable for a maximum of 104 weeks. No payment is made for the first two weeks of disablement.

Maximum age at inception -	Accident	65
	Accident and Illness	60

How many UNITS do you require?

Now please go to page 5 and carefully read the DECLARATION and the PRINCIPAL EXCLUSIONS, IMPORTANT NOTICE and ADVICE NOTE.

DECLARATION

I believe the statements made in this proposal to be true and complete and I understand that they will form the basis for the Underwriters' consideration of my request for insurance. I declare, that apart from the matters declared on this proposal, I am in good health and ordinarily enjoy good health. I consent to the Underwriters seeking medical information from any doctor who has at any time attended me, concerning anything that affects my physical or mental health and seeking such information from any Insurance Office to which a proposal has been made for insurance on my life and I authorise the giving of such information.

DATA PROTECTION ACT 1998

I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

SIGNATURE OF PROPOSER

DATE

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PRINCIPAL EXCLUSIONS

The insurance excludes claims arising from:- suicide, attempted suicide, intentional self-injury, deliberate exposure to exceptional damage (except in an attempt to save human life): the Insured Person's own criminal act: riding or diving in any kind of race, operational duties as a member of the armed forces and mountaineering and rock climbing normally requiring the use of ropes or guides: war, terrorism, invasion, civil war, armed hostility, rebellion, revolution, overthrow of a legally constituted government, insurrection or military or usurped power, explosion of war weapon(s), utilisation of chemical weapons or biological weapons, the release of weapons of mass destruction, act of an enemy foreign to the nationality of the insured person or of the country in which the act occurs: aviation except when travelling by air as a passenger, HIV/AIDS and related illness; pregnancy and childbirth; radioactive contamination.

IMPORTANT NOTICE

The proposal form should be completed to the best of your knowledge and belief, and all material facts (see following*) should be disclosed, failure to do so may nullify cover under any insuring document issued.

** A material fact is one that is likely to influence the Underwriters' acceptance or assessment of your proposal: if in any doubt please consult with Bryant Kesek and Partners. You may find it helpful to keep an independent record of the information that you supply in connection with your proposal, including copies of any relevant letters. A copy of your completed proposal form is available on request within three months. If you consider the answer to any question in the proposal form requires expert knowledge, which you do not have, please indicate this in your answer.*

ADVICE NOTE

Personal Accident/Illness insurance pays a weekly benefit for a maximum of 104 weeks (2 years) excluding the first 14 days of disablement. Furthermore if claims occur that are likely to recur the Underwriters have the right at the next renewal date to impose exclusions, apply a higher premium or decline to invite renewal.

These limitations and possibilities are removed if you effect PERMANENT HEALTH INSURANCE but understandably this is more expensive. If you would like a quotation for PERMANENT HEALTH INSURANCE please tick the box.

After signing and dating this Proposal Form please send it to Bryant Kesek and Partners.