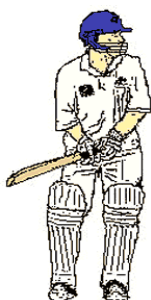




INSURED AT LLOYD'S OF LONDON

**PROFESSIONAL SPORTSPERSON'S
ACCIDENT & ILLNESS INSURANCE
PROPOSAL / MEDICAL APPLICATION FORM**



AGENT

**CAUNCE O'HARA & CO LTD
CITY WHARF
NEW BAILEY STREET
MANCHESTER
M3 5ER**

TEL: 0161 833 2100

FAX: 0161 839 2100

WEB: www.caunceohara.co.uk

E-MAIL: info@caunceohara.co.uk

Before any question is answered read carefully the Declaration at the end of this proposal, which must be signed and dated. Every question must be answered fully and correctly by the person to be insured or on his/her behalf by the proposer.

SECTION 1

Name and address in full of the Propser
(if other than the Person to be Insured)

Person to be Insured

(1) Name in Full

(2) Address

(3) Date of Birth

(4) Weight

(5) Height

(6) What sport do you play Professionally ?

(7) Name of Team (if applicable)

(8) Position of Event (if applicable)

SECTION 2

(1) Do you have any other employment Full or Part Time ?

YES NO

If yes full details below please

(2) Do you professionally or as an amateur engage in any other sport other than that advised in Question 6 of Section 1 ?

YES NO

If yes full details below please

(3) Are you currently insured for Accident and Illness ?

YES NO

If yes full details below please

Insurer:

Policy No:

Benefits: Accidental Death & Disablement £ TTD £

(4) What is your estimated income for the next 12 Months split as follows:

Basic Wage: £

Guarenteed Bonuses: £

Sponsorship: £

(5) Are you currently free on injury, disease or discomfort ?

YES NO

If No full details below please

SECTION 3

Personal Medical History

(1) Have you been unable to compete at any time during the last 2 years as a result of injury, illness or discomfort ?

YES NO

If Yes full details below please

(2) Are you currently able to perform all of the duties required in your sport as stated in Section 1 ?

YES NO

If No full details below please

(3) Have you within the last 2 years taken any pain reducing or anti-inflammatory medication ?

YES NO

If Yes full details below please

(4) Have you ever had a surgical operation ?

YES NO

If Yes full details below please

(5) Have you been advised or do you have any reason to believe that you may need medical treatment or to undergo surgery in the future ?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If Yes full details below please

(6) Have you ever shown indications of, suffered from, been treated for or been prescribed treatment for any of the following:

	YES	NO		YES	NO
heart, chest, circulatory system and respiratory system ?	<input type="checkbox"/>	<input type="checkbox"/>	mental disorders, seizures or convulsions ?	<input type="checkbox"/>	<input type="checkbox"/>
blood pressure or diabetes ?	<input type="checkbox"/>	<input type="checkbox"/>	nervous system or epilepsy ?	<input type="checkbox"/>	<input type="checkbox"/>
dizziness or fainting ?	<input type="checkbox"/>	<input type="checkbox"/>	thyroid problem ?	<input type="checkbox"/>	<input type="checkbox"/>
gout ?	<input type="checkbox"/>	<input type="checkbox"/>	rheumatism or arthritis ?	<input type="checkbox"/>	<input type="checkbox"/>
hernias ?	<input type="checkbox"/>	<input type="checkbox"/>	cancer & related diseases ?	<input type="checkbox"/>	<input type="checkbox"/>
liver, kidneys and digestive organs ?	<input type="checkbox"/>	<input type="checkbox"/>	paralysis whether complete or partial ?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the "Yes" Boxes, please give full details below including dates. If you have been disabled, for how long and have any operations been performed ?

Have you ever injured suffered pain or discomfort or had surgery to any of the following ?

	YES	NO		YES	NO
head ?	<input type="checkbox"/>	<input type="checkbox"/>	right arm (including elbow) ?	<input type="checkbox"/>	<input type="checkbox"/>
neck (cervical spine) ?	<input type="checkbox"/>	<input type="checkbox"/>	left arm (including elbow) ?	<input type="checkbox"/>	<input type="checkbox"/>
right shoulder ?	<input type="checkbox"/>	<input type="checkbox"/>	right thigh (inc. hamstring) ?	<input type="checkbox"/>	<input type="checkbox"/>
left shoulder ?	<input type="checkbox"/>	<input type="checkbox"/>	left thigh (inc. hamstring) ?	<input type="checkbox"/>	<input type="checkbox"/>
chest (including ribs) ?	<input type="checkbox"/>	<input type="checkbox"/>	right knee ?	<input type="checkbox"/>	<input type="checkbox"/>
upper back (thoracic spine) ?	<input type="checkbox"/>	<input type="checkbox"/>	left knee ?	<input type="checkbox"/>	<input type="checkbox"/>
pelvis / hips (including groin) ?	<input type="checkbox"/>	<input type="checkbox"/>	right foot (including toes) ?	<input type="checkbox"/>	<input type="checkbox"/>
abdomen (including stomach) ?	<input type="checkbox"/>	<input type="checkbox"/>	left foot (including toes) ?	<input type="checkbox"/>	<input type="checkbox"/>
right hand (including wrist, fingers & thumbs) ?	<input type="checkbox"/>	<input type="checkbox"/>	right lower leg (including ankle and achilles tendon) ?	<input type="checkbox"/>	<input type="checkbox"/>
left hand (including wrist, fingers & thumbs) ?	<input type="checkbox"/>	<input type="checkbox"/>	right lower leg (including ankle and achilles tendon) ?	<input type="checkbox"/>	<input type="checkbox"/>
lower back (lumbar spine including coccyx and tail bone) ?	<input type="checkbox"/>	<input type="checkbox"/>			

If you have ticked any of the "Yes" Boxes, please give full details below including dates. If you have been disabled, for how long and have any operations been performed ?

(8) Have you had any other operations or suffered any other accident or illness ? YES NO
If Yes full details below please

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(9) Have you ever made a claim as a result of an accident, illness or disablement ? YES NO
If Yes full details below please

Type of Claim:	Type of Claim:
Amount:	Amount:
Insurers:	Insurers:

(10) Have you been declined or accepted on special terms for Life, Accident or Illness Insurance or have Lloyd's Underwriters or any Company ever cancelled or declined to renew you policy ? YES NO
If Yes full details below please

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DECLARATION

To the best of my/our knowledge and belief, the information in connection with this proposal, whether in my/our own hand or not, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (NB. a material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not, you must disclose it.)

I/We understand that Underwriters will determine their terms and conditions upon the information provided in connection with this proposal, and I/We further understand that the signing of this proposal does not bind me/us to complete or Underwriters to accept this Insurance.

Signature of the Person who is to be Insured (If other than proposer):

<input type="text"/>	Date: <input type="text"/>
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Signature of the Proposer or a Representative of the Propser:

<input type="text"/>	Date: <input type="text"/>
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Position held if Representative of the Proposer:

<input type="text"/>	Date: <input type="text"/>
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Copy of the full standard Policy or Certificate may be seen upon application to your broker.

Notice to the Proposer / Assured

The parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law. Any enquiry or complaint should be addressed in the first instance to your broker. If you are not satisfied with the way a complaint has been dealt with you may ask for the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law:

The address is:- Complaints & Advisory Department, Lloyds, One Lime Street, London, EC3M 7HA
Telephone: 0207 623 7100

The proposer should keep a record (including copies of letters) of all information supplied to insurers for the purpose of entering into the contract. A copy of the completed proposal will be supplied on request within a period of 3 months after its completion.