

Farmers Personal Accident & Sickness Proposal



RURAL
INSURANCE

PLEASE READ THE FOLLOWING IMPORTANT NOTES BEFORE COMPLETING THIS PROPOSAL

PLEASE ENSURE THAT YOU COMPLETE THIS FORM FULLY, CORRECTLY AND DISCLOSE ALL FACTS LIKELY TO INFLUENCE THE ACCEPTANCE OF THIS PROPOSAL.

SHOULD YOU HAVE ANY DOUBTS WHETHER OR NOT A FACT IS RELEVANT, YOU SHOULD DISCLOSE IT. OMISSION OR MIS-STATEMENT MAY AFFECT THE SETTLEMENT OF CLAIMS UNDER THIS POLICY OR MAKE THE POLICY INVALID.

Farmers Personal Accident & Sickness Proposal

GENERAL INFORMATION

Full Name	<input type="text"/>	Home Tel. No.	<input type="text"/>
Insureds Full Name*	<input type="text"/>	Work Tel. No.	<input type="text"/>
Address	<input type="text"/>	Mobile	<input type="text"/>
		Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Height	<input type="text"/>
		Weight	<input type="text"/>
			<input type="text"/>

If aged over 64 (or 59 in the case of sickness coverage) please refer to Rural Insurance Group

Main occupation

Any other occupation

*Full name of person to be insured if different from above

COVER & PREMIUMS

COVER	BENEFIT	PREMIUM BY OCCUPATIONAL CLASSIFICATION						No. OF UNITS	PREMIUM
		FARMER	1	2	3	4	5		
Module 1 DEATH Accidental Death & Loss of Limb, Total Sight, Total Speech, Total Hearing	£10,000	£9.50	£6.00	£8.50	£9.10	£10.70	£13.80		
Module 2 PERMANENT DISABILITY Accidental Permanent Total Disability from usual occupation	£10,000	£17.00	£3.00	£5.20	£14.00	£19.30	£24.80		
Module 3 LOSS OF DIGITS Loss of any hand or foot Loss of any one thumb Loss of any one finger or toe Loss of any other toe	£5,000 £1,000 £500 £250	£1.75	£3.00	£5.20	£14.00	£19.30	£24.80	One unit only	
Module 4 ACCIDENT & SICKNESS TEMPORARY TOTAL DISABLEMENT Weekly benefits not to exceed 80% of weekly earnings, maximum £350/week	£50 <i>Max Accident Benefit Period</i> <i>Excess</i> <i>Max Sickness Benefit Period</i> <i>Excess</i>	£65.50 104 14 52 14	£41.40 104 14 52 14	£45.00 104 14 52 14	£55.80 104 14 52 14	£70.20 104 21 52 21	£77.40 52 21 52 21		
Module 5 ACCIDENT ONLY TEMPORARY TOTAL DISABLEMENT Weekly benefits not to exceed 80% of weekly earnings, maximum £350/week	£50 <i>Max Benefit Period</i> <i>Excess</i>	£25.50 104 14	£6.00 104 14	£10.50 104 14	£18.50 104 14	£29.00 104 21	£37.50 104 21		

FARMERS ONLY:

CRITICAL PERIOD EXTENSION TO TEMPORARY TOTAL DISABLEMENT

If cover is required for reimbursement of increased wage costs arising out of a designated key person's disability due to accident or sickness during critical period(s) of your farm business, ask your broker for full details and complete this section:

Designated key person

Please select between 6 weeks from

or 3 weeks from and 3 weeks from

PLEASE SELECT YOUR LEVEL OF REIMBURSEMENT

100% of costs up to £400
50% of costs £400 to £2000

£10.00 per £100 of original loss
£6.65 per £100 of original loss

Sum insured £

Please note: Evidence of costs incurred will be required prior to claims settlement

GENERAL QUESTIONS

1. Do you engage in any occupation other than that stated overleaf? Yes No
2. Do any of your duties involve:
 - (A) Working underground Yes No
 - (B) Working at heights above 20 feet Yes No
 - (C) Working with hazardous chemicals/materials Yes No
3. Have you ever had an accident in the course of the above duties? Yes No
4. Have you ever suffered ill health as a result of your duties? Yes No
5. Has the person to be insured:
 - (A) Consulted a doctor or received any medical attention in the last 5 years Yes No
 - (B) Suffered from any back pain, disc lesion, hernia or any other physical defect or impairment Yes No
 - (C) Suffered from any of the following:
Tuberculosis, cancer or any chest, lung, heart or respiratory disease, disease affecting the kidney, liver or digestive system, asthma, urinary trouble, varicose veins or rupture Yes No
 - (D) Suffer or have suffered from any physical or mental defect, sickness or disability, of a chronic or recurring nature Yes No
 - (E) Ever suffered from defective sight or hearing, infection of the eyes or ear complaint Yes No
6. Does the person to be insured:
 - (A) Participate in any hazardous sports/leisure pursuits Yes No
 - (B) Currently hold any insurance against accident or sickness Yes No
7. Does the person to be insured:
 - (A) Ever made a disability claim or received compensation for injury or sickness Yes No
 - (B) Ever received medical advice, treatment or blood test in connection with HIV or Aids or any Aids related condition, or any sexually transmissible disease. Yes No
 - (C) Suffer from any dizziness, blackouts, fits or temporary loss of vision Yes No
 - (D) Suffer from any medical condition that could make you more likely to have an accident? Yes No

If you answer "Yes" to any of the questions above, please give full details on page 3.

GENERAL QUESTIONS CONTINUED

If you answered 'Yes' to any of the questions overleaf, please give full details below, including the date of illness or injury, any treatment required, details of time off work and any ongoing treatment.

Q. No.	DETAILS

IMPORTANT

PLEASE NOTE THAT FAILURE TO DISCLOSE ALL MATERIAL FACTS WHICH UNDERWRITERS WOULD REGARD AS LIKELY TO INFLUENCE THE ACCEPTANCE AND ASSESSMENT OF THIS PROPOSAL COULD INVALIDATE THE INSURANCE. IF YOU ARE IN ANY DOUBT AS TO WHETHER A FACT IS MATERIAL, YOU SHOULD CONSULT YOUR BROKER AND DISCLOSE IT IN WRITING ON A SEPARATE SHEET.

OUR LIABILITY DOES NOT COMMENCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY UNDERWRITERS . ANY OCCURRENCE AFFECTING YOUR LIVESTOCK AFTER THE SIGNING OF THIS PROPOSAL AND BEFORE COVER COMMENCES MUST BE DISCLOSED. WE RESERVE THE RIGHT TO ASK FOR SPECIAL TERMS OR TO DECLINE THIS PROPOSAL. YOU ARE STRONGLY ADVISED TO KEEP A COPY OF THIS PROPOSAL AND ANY OF THE INFORMATION SUPPLIED FOR THE PURPOSE OF ENTERING INTO THIS INSURANCE.

NOTICE

FOR THE PURPOSES OF THE DATA PROTECTION ACT 1998, THE DATA CONTROLLER IN RELATION TO ANY PERSONAL DATA YOU SUPPLY IS RURAL INSURANCE GROUP LIMITED.

DECLARATION

I/WE CONFIRM THAT IT IS IN ORDER TO RELEASE TO RURAL INSURANCE GROUP LIMITED ANY INFORMATION THEY REQUEST REGARDING MY/OUR PREVIOUS INSURANCE, INCLUDING CLAIMS HISTORY AND ANY SPECIAL TERMS OR CONDITIONS IMPOSED.

I/WE DECLARE THAT TO MY/OUR KNOWLEDGE AND BELIEF THAT THE INFORMATION GIVEN IN THIS PROPOSAL FORM IS TRUE AND COMPLETE. I/WE AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE INSURERS.

**Signature of
policyholder**

Date

DIRECT DEBIT PAYMENT

Do you wish to spread the cost of your insurance and pay your premium by Direct Debit?

Yes

No

If 'Yes' please complete the details below

The premium will be collected over 10 instalments and the interest rate will be advised with our quotation.

There is no minimum premium and there is no deposit required. There will be a one off finance charge of £15. This is a rolling agreement which does not need to be re-signed. It can be used to finance all your insurances with Rural Insurance. Any changes to your cover during your policy year can be included on the Agreement. You will be entering into a loan agreement with Close Premium Finance who will send the agreement papers directly to you. Once you have completed the papers the agreement will need to be returned directly to Close Premium Finance.

Bank Account Name

Bank Account Number

--	--	--	--	--	--	--	--	--	--

Sort Code

--	--	--	--	--	--	--	--	--	--

Your preferred payment date in the month

		/			/				
--	--	---	--	--	---	--	--	--	--

Bank Name

Bank Address

Bank Postcode

--	--	--	--	--	--	--	--	--	--

Rural Insurance Group Limited
The Lenz
Hornbeam Park
Harrogate HG2 8RE

W www.ruralinsurance.co.uk

Rural Insurance Group Limited is Registered in England and Wales. Registered No. 2207611
Registered Office: Cast House, Old Mill Business Park, Gibraltar Island Road, Leeds, West Yorkshire, LS10 1RJ
Rural Insurance Group Limited is Authorised and Regulated by the Financial Services Authority.