

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

SECTION 1 DETAILS OF PROPOSAL

1. a. Policy No.: _____
b. Employer: _____
c. VAT No./TRN (where applicable): _____
d. Name of Proposer: _____
e. Occupation: _____
f. Date of Birth: _____
2. Have you suffered, or do you suffer from:
 - a. impairment of sight or hearing, varicose veins, rupture or any ailment affecting the heart? Yes No
 - b. any other serious injury or illness? Yes No
3. Do you engage in hunting, steeple chasing, racing of any kind (other than on foot), rugby, football, polo, motorcycling, mountaineering, winter sports, aeronautics, or air travel other than as a passenger by a regular airline on multi-engined charter aircraft operating over a scheduled route? Yes No
If Yes, specify which: _____
4. Has any insurer ever declined a life, accident or illness proposal from you, or declined to continue your insurance or imposed special conditions? Yes No
If Yes, please explain: _____
5. Is this insurance to be additional to any other accident or illness policy? Yes No
If Yes, give particulars of all other policies: _____

SECTION 2 DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I hereby declare that the above answers are true, that, to the best of my knowledge, I am in good health and that I am/always have been of strictly sober habits.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.



PROPOSAL FORM FOR INSURANCE
PERSONAL ACCIDENT - INDIVIDUAL

- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Proposer Name (Please print) _____

Signature _____ Date _____