



FEDERATION OF WINDOW CLEANERS PROPOSAL FORM

ARRANGED BY ALLIED INSURANCE SERVICES AND UNDERWRITTEN BY ROYAL & SUN ALLIANCE INSURANCE PLC

A FULL POLICY WORDING IS AVAILABLE ON REQUEST

Please complete in capital letters using an ink pen and tick boxes as appropriate

Name of the business to be insured

Main address

Business Description/Activities *(including full details of manual work, where applicable)*

Please read all of the following statements carefully. You must be able to tick 'Agree' to each one to apply for these covers.

- We have 50 employees or less Agree

Personal Accident and Illness

- We have no employees permanently based abroad or locally employed foreign nationals Agree
- We have no employees based on or regularly visiting offshore installations Agree

PERSONAL ACCIDENT and ILLNESS

Benefits provided are for Death and Permanent Disablement of £20,000 and for Temporary Total Disablement of £175 per week.

Temporary Total Disablement can be provided for either accidents only or for accidents and illness.

1. Cover required – please select

Personal Accident Illness

2. Categories Persons to be Insured

Name	Date of birth	Height (metres)	Weight (kilos)

Policy Limits

If a quotation is offered it will be offered subject to the following standard maximum and inner limits as follows:

Maximum Incident Limit - the maximum limit the Insurance Company will pay under this policy in respect of any one Incident shall not exceed £25,000,000 in the aggregate subject to the following inner limits for specified perils:

Aircraft (other than War or Terrorism)		Terrorism (other than Nuclear Chemical and Biological Terrorism) and External Journey War
Multi engaged £1,000,000	Single engaged £250,000	£1,000,000

3. Has any person to be insured had a close relative who has ever suffered from any hereditary disease or from mental illness?

YES NO

If 'Yes' in any case, please give full details

4. Has any Personal Accident, Illness, Medical Expenses or Life Insurance ever been effected in respect of any person to be Insured?

YES NO

If 'Yes' in any case, please give full details

5. Give details below of all accidents, illnesses and losses during the last five years that would give rise to a claim under the proposed Personal Accident & Illness Insurance.

Date	Details of accidents/illness/loss/expense	Amount

ADDITIONAL INFORMATION

Use this space to provide further information in support of answers given to questions in this Proposal.
Please state question number clearly.

ADDITIONAL INFORMATION (CONTINUED)

Use this space to provide further information in support of answers given to questions in this Proposal.
Please state question number clearly.

IMPORTANT

Please read the following carefully before you sign and date the Declaration.

- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk. **FAILURE TO DISCLOSE ALL MATERIAL FACTS WHETHER OR NOT THE SUBJECT OF A SPECIFIC QUESTION MAY INVALIDATE YOUR INSURANCE.**
- You should keep a record of all information you have given to us.
- All personal information supplied by you will be treated in confidence by the Royal & Sun Alliance Insurance Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of the Royal & Sun Alliance Insurance Group of companies or our agents or subcontractors.

The Royal & Sun Alliance Insurance Group of companies may pass your personal data to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal data, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it. Details of the companies and countries involved can be provided to you on request.

DECLARATION

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and complete.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of Royal & Sun Alliance Insurance plc.
- I/We declare that this Proposal Form is for the insurance in the normal terms and conditions of the Insurer's policy.
- I/We agree that the information provided on this Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.

LAW APPLICABLE

The parties to the Policy have the right to choose the law applicable to the Policy.

Unless the parties agree otherwise in writing any dispute concerning the interpretation of this Proposal or the Policy shall be governed and construed in accordance with English Law and shall be resolved within the non-exclusive jurisdiction of the courts of England and Wales.

Signature of Proposer(s)

Date of signing

Title of Signatory

Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.