



Group Personal Accident & Illness Insurance

Company Name:

Main Address:

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under the insurance below.

Additional Insured Name & Address

NOTE: Please note that you should answer all subsequent questions on this application form in relation to all parties to be insured under this policy.

Year Business Established:

Business Description:

Number of Employees:	Last Year	Current Year	Estimate Next Year

Existing Health: No payment will be made under this insurance for any illness directly or indirectly arising from an physical defect, infirmity or medical condition known to the insured person at inception, unless the physical defect infirmity or condition has been without the need of any medical advice or treatment during the 24 months before inception.

Please indicate below the sum insured required per staff category (e.g. partners, directors, employees) as either multiples of salary or a fixed sum insured. If the sum insured is salary based, please provide the total salaries for each staff category and the highest salary paid. If on a fixed sum insured basis, please provide the numbers for each staff category.

If in doubt, please contact Mark Ramsbottom on 0194 388 3622.

Staff Category	Death	Capital Benefits	Weekly Benefits	Total Salaries	Highest Salary	No. of Staff
e.g. Partner	3 x Salary	£100,000	£500	£250,000	£80,000	3



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If specific benefits are required for named individuals outside the staff categories, please provide details on a separate sheet.

Please select the basis of cover required:

Personal Accident & Illness Personal Accident Only

Does any proposed insured person suffer from any disabilities, physical defects, infirmities, disease or illness?

Yes No

If 'YES', please provide details:

In the last three years, has any proposed insured person suffered any illness or injury, which has resulted in an absence from work of greater than one month, consecutive or otherwise?

Yes No

If 'YES', please provide details:

please fax back to 0845 338 6061

or email: enquiries@solicitorassist.com