



## **UAP GROUP PERSONAL ACCIDENT INSURANCE PROPOSAL FORM**

Name of Employer \_\_\_\_\_  
 (BLOCK LETTERS)  
 Address \_\_\_\_\_  
 (BLOCK LETTERS)  
 Business or Trade \_\_\_\_\_

A proposal is made this day for compensation in respect of death and permanent disablement based on a sum equal to one or more year's earnings/ remuneration or a fixed amount as stated in the table of compensation. Medical expenses consequent upon an insured event and weekly earnings during a period of continuous disablement of a temporary nature can also be insured in pre-agreed cases.

A choice of the following benefits can be offered on weekly earnings;

- (1) Full weekly remuneration
- (2) Half weekly remuneration (or some other proportion as agreed);
- (3) A fixed sum benefit for example, (commensurate with employees weekly earnings).

In all cases, compensation is payable up to 104 weeks from the date of injury.

1. Are all the employees to be insured to the best of your knowledge and belief in sound physical and mental health and free from any physical defect or infirmity? If not, give full details in each case.	
2. Are you now or have you ever been insured for these risks? If so, with which insurers?	
3. Are all the employees to be insured between 16 and 65 years of age? If not, please give details.	

I/We desire to effect with the Company an insurance in the terms of the policy used for this class of business. I/We warrant that the above statements and particulars are correct and complete and I/We warrant that I/We have an interest in the life or lives of the person(s) to be insured to the extent of the amount(s) stated. I/We agree that this Proposal and any other written statement made by me/us are on my/our behalf for the purposes of the proposed insurance shall be the basis of the contract between me/us and the Company.

Date \_\_\_\_\_ Signature \_\_\_\_\_

This insurance will not be in force until the Proposal has been accepted by the Company. Subject thereto this insurance is to commence on..... and is to be renewable on..... STANDARD EXCLUSIONS: War and kindred risks, suicide, self-injury, any pre-existing physical defect or infirmity, pregnancy or child-birth, ice hockey, polo, hunting, mountaineering, winter sports, racing of any kind other than on foot or, unless specially agreed, motor cycling in a motor cycle of more than 125 cc. Policies permit travel as a passenger in any licensed passenger-carrying aircraft unless travelling as a member of the crew or for any trade or technical operation therein or thereon.

GP1/99



**TABLE OF COMPENSATION**

Section (i)	Compensation (ii)	Reference (iii)
1. Death.	One year's remuneration Two years' remuneration. Three years' remuneration Fixed sum	1A 1B 1C *1D .....
2. Loss of sight in both eyes or loss of two hands or two feet loss of sight in one eye and loss of one hand or foot (For loss of sight of one eye or loss of one hand or foot compensation is automatically included for one half of the amounts selected under this section:	One year's remuneration Two years' remuneration. Three years' remuneration Fixed sum	2A 2B 2C *2D.....
3. Other Permanent Disablement (See scale overleaf).	One year's remuneration Two years' remuneration. Three years' remuneration Fixed sum	3A 3B 3C *3D .....
4. Weekly Compensation For Temporary Total Disablement up to 104 weeks)	Full weekly remuneration. Two-thirds weekly remuneration Half weekly remuneration Fixed amount	4A 4B 4C *4D .....
5. Medical Expenses	Optional limit's any one accident	*5A .....

\*Insert amount for which cover is required. If different Fixed amounts are required for different employees a list should be attached. Cover can be arranged for other multiples of the annual remuneration if required:

Note: In all cases, the maximum amount of compensation recoverable from the Company as a result of one accident shall not exceed the sum insured as stated under reference 3. The maximum benefit shall be any one of the benefits as stated in 1, 2 or 3, excluding any amounts recoverable under four and five.

**Benefit 3 - Full Permanent Disablement**

Description of Permanent Disablement	Percentage of Maximum Benefit payable
Loss of both hands .....	100
Loss of both feet .....	100
Complete and irrecoverable loss of sight in both eyes .....	100
Loss of one hand and one foot .....	100
Loss of one hand or one foot together with the complete and irrecoverable loss of sight in one eye .....	100
Complete and incurable insanity .....	100
Complete and incurable paralysis .....	100
Loss of right arm or hand .....	60
Loss of left arm or hand .....	50
Loss of one leg or one foot .....	50
Complete and irrecoverable loss of sight in one eye .....	50
Loss of thumb of right hand .....	20
Loss of thumb of left hand .....	15
Loss of index finger of right hand .....	15
Loss of index finger of left hand .....	10
Loss of any other finger of right hand .....	6
Loss of any other finger of left hand .....	5
Loss of big toe .....	5
Loss of any other toe .....	3
Complete and irrecoverable loss of hearing in both ears .....	40
Complete and irrecoverable loss of hearing in one ear .....	10