



GROUP PERSONAL ACCIDENT PROPOSAL FORM

Please provide as much information as possible in filling out this form. The more detail we have the better we are able to assess your risk and provide the most competitive terms. Please feel free to attach any documents or additional information that will assist us.

Please take care when completing this form, any misstatement may result in your insurance being cancelled and claims being declined in the future.

All information submitted will be treated as confidential and will only be used by Chesterfield Group in order to obtain Insurance terms.

GENERAL INFORMATION

Full name and address of company (Please include country of registration):	Contact Name:
	Contact Email:
	Contact Telephone:

Total Number of Employees
(Note - If less than 10 we may need names and medical details)

	Number of Persons	Occupations (If multiple please specify number per occupation)
Expatriate		
Third Country National		
Local National		
Other (please specify)		

Salary Range (in USD per month)

	Max	Min
Expatriate		
Third Country National		
Local National		
Other (please specify)		

BENEFITS REQUIRED

ACCIDENTAL DEATH	Number of Persons	Benefit Required (e.g USD150,000)	
Expatriate			
Third Country National			
Local National			
Other (please specify)			

PERMANENT DISABLEMENT	Number of Persons	Benefit Required (e.g USD150,000)	INCLUDE SICKNESS (y/n)
Expatriate			
Third Country National			
Local National			
Other (please specify)			

TEMPORARY DISABLEMENT	Number of Persons	Benefit Required (Standard 75% of Gross Weekly Wage)	INCLUDE SICKNESS (y/n)
Expatriate			
Third Country National			
Local National			
Other (please specify)			

EMERGENCY MEDICAL EXPENSES	Number of Persons	Benefit Required (e.g USD150,000)	
Expatriate			
Third Country National			
Local National			
Other (please specify)			



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ADDITIONAL INFORMATION

In which country are you based, and in what location(s)?

How do your employees travel there?

When there, how do you travel and are your employees guarded?

Are employees armed? If so what with?

What type of accommodation will they be staying in?

Where will they be working and what is the nature of their work?

How long will they be spending there?

Previous claims/loss history?

What are the occupations of the persons to be insured, what duties will they be carrying out?

Signature: Date:

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Chesterfield Insurance Brokers Ltd – Lloyd’s Broker
Authorised and regulated by the Financial Conduct Authority
Registered in England No.3013489



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Supplemental Information – Security Companies

If you are involved in security, protection and/or the armed forces we also require details as follows :

Details of any hostile regions courses that have been undertaken and dates if applicable:

Details of previous experience in hostile regions:

Details of military background and dates if applicable:

Please provide any additional information regarding the Company's operation that you think would be of interest to underwriters in assessing risk: