

Accident & Health Enquiry Form

Group Personal Accident/Illness and Business Travel Quotation Request Form								
Agent					Branch or Office			
Account Handler					Date			
Insured								
Business Description								
Insured Persons	1	All directors and employees of the insured						
	2	Named persons as follows (minimum three persons)						
Travel	UK *	Duration	Europe	Duration	Ex USA	Duration	Incl USA	Duration
No Of Trips								
(* Trips within the UK are only covered when an overnight stay or air flight are involved)								
Please note that 1 person = 1 trip, 2 people = 2 trips etc								
Travel Cover	Standard Sum Insured	Alternative sums insured required						
		£						
Medical Expenses	5,000,000							
Personal Accident	50,000							
Personal Property	2,000							
Money	1,000							
Cancellation	5,000							
Replacement	5,000							
Personal Liability	2,000,000							
Legal Expenses	25,000							
Hijack	25,000							
Personal Accident/Illness								
	Clerical	Light Manual	Manual	Highest Salary				
Salaries: (Total wagheroll)	£	£	£	£				
No. of Insured Persons:								
Specified sums:								
Cover required	Category 1	Category 2	Category 3	Category 4				
Death								
Loss of eyes / limbs								
PTD								
Continental scale	Y/ N	Y/ N	Y/ N	Y/ N				
TTD (Accident) 104 wks								
TPD (Clerical only) 104 wks								
TTD (Illness) 52 wks max								
Operative Time (Select)	24 Hour	Occupational Risks Only	Occupational Risks, including commuting					
* Deferment Period:	7 days		14 days		21 days			
* For some occupations we apply a minimum deferment period								
5 years Claims History:	Year	Paid PA/S Travel		Outstanding PA/S Travel		Total Number of Claims PA/S Travel		
Deadline Date								
Target Premium	£							
Fax to Equity Red Star: 0845 603 2735 or email to: accidentandhealth@equitygroup.co.uk								