

Accident & Health Enquiry Form

Individual Personal Accident/Illness Quotation Request Form

Agent		Branch or Office
Account Handler		Date
Insured		
Insured Persons	Occupation	Date of Birth
1		
2		
Sporting activities &/or Medical Conditions		

Cover required	Sums insured required:		
Death	£		
Loss of eyes / limbs	£		
PTD	£		
Continental scale required?	Y	N	
TTD (Accident) payable up to 104 wks	£		
TPD (Clerical only) payable up to 104 wks	£		
TTD (Illness) payable up to 52 wks max	£		

Operative Time (Select)	24 Hour	Occupational Risks Only	Occupational Risks, inc commuting
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* Deferment Period required: * For some occupations we apply a minimum deferment period	7 days		14 days		21 days		28 days	
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Current insurer			Renewal date:
5 Years Claims History:	Year	Paid & outstanding	Total no of claims
		£	
		£	
		£	
		£	
		£	

Deadline date	
Target Premium:	£

**Fax to Equity Red Star: 0845 603 2735 or
email to: accidentandhealth@equitygroup.co.uk**