

PROPOSAL FOR PERSONAL ACCIDENT INSURANCE

NAME AND ADDRESS OF PROPOSER		Mr Stephen M Edwards Institute of Cancer Research MUCRC, 15 Cotswold Road Sutton. SURREY. SM2 5NG	
Telephone No.		c/o Mr Steve Edwards (Chairman) 0208 643 8901 x4538	
NAME OF AMATEUR SPORTS CLUB		The Ups Club Squash Section (Ups Squash Club)	
PLEASE PROVIDE A COPY OF YOUR CONSTITUTION		ATTACHED YES File [Constitution Squash Club 11 February 2008 Scanned.PDF]	
NAME OF SPORTING GOVERNING BODY THAT THE CLUB IS AFFILIATED TO AND THE AFFILIATION/MEMBERSHIP NUMBER		Not affiliated	
DESCRIPTION OF ACTIVITIES		Staff facility for playing squash. Single squash court with approximately 80 members	
NUMBER OF MEMBERS IN CLUB <u>NB ALL MEMBERS MUST BE INCLUDED</u>		Approximately 80 @ £2.50 = £ 200=00 (minimum premium £115.00)	
DATE OF COMMENCEMENT OF INSURANCE (refer comments in information notes)		Cover to commence at mutually agreeable date	
<u>CLAIMS INFORMATION</u> Have any accidents or claims arisen in past 5 years whether insured or not		YES (✓) NO () 2 Accidents: Please See Covering Letter	
If Yes please give details below or attached insurers confirmed claims experience if presently or previously insured			
Date of accident	Brief Details	Amount of claim	
Sep 2006	Eye injury from ball (Mr JD)	None (no claim)	
Feb 2007	Lip injury from ball (Ms WCT)	None (no claim)	

DECLARATION

To be completed in all cases

Have you or any official of the club	YES	NO
(a) Ever been refused insurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Had special terms imposed upon you	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) Been convicted or have a prosecution pending For any offence involving dishonesty of any kind	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "yes" to any of the above, please provide details.

DATA PROTECTION ACT

Perkins Slade will collect certain information about you in the course of considering your proposal and, if coverage is provided, in conducting its relationship with you. Except to the extent required by law, Perkins Slade will only use such information for the purposes set out below.

Your information will be processed for the purposes of managing any insurance provided to you and administering claims. Information may be provided to your insurer, underwriters and loss adjusters for these purposes. Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. Your information may be provided to other insurers. By signing this proposal form you consent to the processing and transfer of information described above. Without this consent your proposal could not be considered.


You may have a right of access to, and correction of, information we hold about you. Please contact us if you would like to exercise either of these rights. Your information may be transferred to countries, which do not have data protection laws. Such countries may not be subject to any restrictions on how they use your personal data. We may wish from time to time to send you information by post phone or email about other products and services which we think may be of interest to you. If at any time you do not wish to receive this information, then please contact us writing to the above address.

The questions on this form and any other details given relate to facts considered material to underwriting the insurance. If you answer them fully and honestly you will be considered to have fulfilled your duty to disclose material facts. Failure to do so may invalidate your insurance. Any other facts known to you, which are likely to affect acceptance of assessment of the risks proposed for insurance, must be disclosed. Should you have any doubt about what you should disclose, please contact Perkins Slade for clarification.

NAME (BLOCK CAPITALS) Mr Stephen M Edwards

Signed  **Date** 05 October 2008

CREDIT / DEBIT CARD DETAILS (please complete if you wish to pay by this method)

Name on Card	Payment to follow once remittance is agreed										Type of card (please select)	Visa / MasterCard / Switch / Delta				
Card Number												Expiry date				Issue No (if applicable)
Signature	<u></u>										Date	<u>05 October 2008</u>				

PLEASE RETURN COMPLETED PROPOSAL FORM AND PREMIUM TO PERKINS SLADE LTD., 3 BROADWAY, BROAD STREET, BIRMINGHAM B15 1BQ - TEL: 0121 - 698 - 8000

Cheques payable to Perkins Slade Ltd

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