



TOKIOMARINE  
HCC

# Specialty Group

## Key Person Proposal Form

## Important Notice

All questions must be answered to enable a quotation to be given.

Completing and signing the Proposal does not bind the Proposers or Underwriters to enter a contract of insurance.

However, please note that if cover is taken up the contents of this form are material.

**Please note that Underwriters may not provide cover if any part of this form is left blank**

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Every question must be answered fully and correctly by the person to be insured or on his behalf by the Proposer in ink.

## To be a Good Company

At Tokio Marine HCC, we are committed to supporting the needs of our employees, customers, the local community and wider society. Central to this approach is the belief that our business objectives must be strategically compatible with our behavioural, social and environmental obligations as a leading global insurer.

To ensure we meet the standards we have set for ourselves, which are now reinforced through Tokio Marine's vision of being a Good Company, we have revamped and strengthened our Corporate Social Responsibility programme around four key pillars.

<b>Community</b>	mutually beneficial engagement with the local and wider community;
<b>Workplace</b>	creation of a working environment for employees characterised by equal opportunities, training and personal development, and regular and open communication;
<b>Environment</b>	reduction of Tokio Marine HCC's carbon footprint; and
<b>Marketplace</b>	commitment to treat customers fairly; monitor and confront financial crime; and comply with the Tokio Marine HCC Code of Business Conduct and Ethics

## Our Rating

Tokio Marine HCC's insurance companies are highly rated

AA- (Very Strong) by Standard & Poor's

A++ (Superior) by A.M. Best Company

AA- (Very Strong) by Fitch Ratings

# General information

**1. Name and address of the proposer:**

Name

Address including postcode

The following questions all relate to the Insured Person

Name of the Insured Person

Address

Date of birth

Nationality

Height

Weight

**2. What is your business / occupation?**

Business address

Details of any non-administrative / office duties

**3. Please advise who the beneficiary of this policy would be in the event of accidental death**

Name

Relationship to the insured

**4. Please state period of Insurance and commencement date required**

Period

Commencement date

**5. Annual salary (this information is essential to justify the level of coverage)**

Basic Wage

Additional income

**6. Is your net worth greater than £2,500,000**

Yes

No

**7. What capital sum do you wish to insure? (please state currency)**

**8. Please consider & select an appropriate scale of benefits (if none of these scales are suitable, please insert your requirements under E)**

The total sum payable under the insurance in respect of any one or more claims in respect of any one Insured Person shall not exceed in all the largest sum insured under any one items contained in the scale of benefits

Scales of Benefits (in percentages of the Capital Sum)	A	B	C	D	E
<b>Benefits payable</b>					
Death due to Accident only	100%	-	100%	100%	
Permanent Total Disablement	-	100%	100%	100%	
Temporary Total Disablement (per week)	-	-	-	1%	
MAXIMUM number of weeks for which benefits are payable under Item 3	-	-	-	52	

**9. Does the weekly or monthly benefits under all policies carried by you, including those within this application, exceed your average net weekly / monthly income?**  Yes  No

If **YES**, please give details.

**10. Do you intend to:**

a. Fly as a passenger in excess of 20 times per annum?  Yes  No

If **YES**, please state the anticipated number of flights per year, destinations and type of aircraft (commercial / private fixed wing / helicopter).

b. Fly other than as a passenger?  Yes  No

If **YES**, please give details.

**11. Do you participate in any of the following?**

- a. Winter Sports  Yes  No
- b. Skin Diving involving the use of breathing apparatus  Yes  No
- c. Rock Climbing or Mountaineering normally involving the use of ropes or guides  Yes  No
- d. Potholing  Yes  No
- e. Horse riding  Yes  No

f. Driving or riding in any kind of Race or Competition  Yes  No

g. Riding Motor cycles or Motor Scooters  Yes  No

If **YES**, state CC

h. Football and / or Rugby  Yes  No

i. Any other occupation, sport, pastime or activity, which is likely to involve extra risk of accident  Yes  No

If **YES**, to 11 above, please give details to below

12. Are you currently free of injury and/or illness?  Yes  No

If **NO**, please give details

13. Have you ever had any Driver's License revoked, suspended or restricted?  Yes  No

If **YES**, please give details

14. Have you ever taken any drugs other than those prescribed by any doctor?  Yes  No

If **YES**, please give details

15. Are you allergic, or have you ever had any adverse reaction to any medicine(s) or other substance(s)?  Yes  No

If **YES**, please give details

**16. Within the last 5 years have you:**

a. Attended a doctor or hospital due to any ailments or serious illness?  Yes  No

If **YES**, please give details

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b. Had any X Rays, CAT scans or MRI Scans  Yes  No

If **YES**, please give details

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c. Taken any prescribed medicine, including courses of cortisone, pain reducing or anti-inflammatory medication  Yes  No

If **YES**, please give details and dates

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**17. Within the last five years have you ever suffered from any of the following:-**

a. A 'slipped disc' or other spinal disorder, a hernia, or any rheumatic or arthritic condition?  Yes  No

b. High blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder?  Yes  No

c. Clinical depression or anxiety, any nervous or mental condition, fainting episode, blackout, fit or alcoholism or drug addiction?  Yes  No

d. Any defect of your sight or hearing, or other senses or faculties?  Yes  No

e. Any respiratory, urinary or allergic condition or any disorder of the digestive system?  Yes  No

f. Any accidents or illnesses that have prevented you from attending to your business or occupation for a period of more than 14 days during the last five years?  Yes  No

If **YES**, to question 17. above, please give details to below

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**18. Have you ever suffered with any mental health condition including, but not limited to, depression, anxiety or panic attacks?**  Yes  No

If **YES**, please give details

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19. Have you ever visited or been recommended to visit a mental health professional for any reason?  Yes  No

If YES, please give details

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20. Do you / have you smoked cigarettes or any other form of tobacco?  Yes  No

If YES, please give details of number smoked per day and how long you have smoked

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21. On average how many units of alcohol do you consume per week?

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22. Are you currently insured against Accident or Illness?  Yes  No

If YES, please give details

Name of Insurer

Benefits covered

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23. Have any Claims been made in respect of accident or illness?  Yes  No

If YES, please attach in each case the nature of the claim, amount and name of insurer

Attached

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24. Have you been declined, cancelled or accepted on special terms, for Life Insurance or Insurance against accident or illness?  Yes  No

If YES, please attach details

Attached

If you are covered by a group policy of any sort, please check the details

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# Declaration

- a. I / We warrant that that this proposal and questionnaire has been completed to the best of my / our knowledge and belief that all statements and particulars provided by me / us are true and complete
- b. I / We have NOT misstated, omitted, or suppressed any material fact or information (a material fact is one which is likely to influence an Underwriter's assessment and acceptance of a proposal. If you are in any doubt as to whether a fact is material or not you are advised that it is in your own interest to disclose all facts).
- c. I / We agree that this proposal and questionnaire and any information provided in connection with it shall form the basis of the contract between me / us and the Underwriters, and to be bound by the terms and conditions of the policy
- d. If there is any material alteration to the facts or information which I / we have provided or any new material matter arises before completion of the contract of Insurance, I / we undertake to inform Underwriters
- e. I / We agree that if any answers have been written by another person then for that purpose such person will be regarded as my / our agent and not the agent of the Underwriters
- f. I / We are authorised to sign on behalf of all proposers
- g. I / We understand that
  - i. The liability of the Underwriters does not commence until this proposal has been accepted by them
  - ii. The Underwriters reserve the right to decline any proposal
- h. I / We agree to the seeking of information from credit and other agencies in connection with this proposal
- i. I / We understand that the existence of any procedures for dealing with complaints do not prejudice my / our right to take legal action against Underwriters.

Your information (including information we already hold and may receive now and in the future as well as information about lapsed policies) may be held on a group database and may be shared with other HCC Group Companies. Your information will be used for general insurance administration purposes, for offering renewal, for research and statistical purposes and for crime prevention. In the course of performing our obligations to you, your information may be disclosed to agents and service providers appointed by us, including insurers, consultants, data processors, market research and quality assurance companies. Your information may be transferred to any country including countries outside of the European Economic Area for any of these purposes and for systems administration. Such information may include 'sensitive data'.

The Data Protection Act 1998 defined sensitive data as information about your racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union memberships, physical condition or mental health, sexual life, criminal record, pending court proceedings or sentence or any alleged offence.

You have the right to access (subject to limited exceptions) or to amend the information we hold about you. If you would like to exercise either or these rights please contact HCC Specialty Underwriters Ltd.

When our clients supply us with information containing personal data (names, addresses, or other information relating to living individuals), we hold and use that data to perform general and other services for those clients on the understanding that the individuals to whom the data relates have been informed of the reason(s) for obtaining data and the fact that it may be disclosed to third parties such as the HCC Group of Companies.

Insurers may pass information to crime prevention and anti-fraud registers and databases. These may also be searched when dealing with your request for insurance. Under the conditions of your policy, you must declare all incidents whether or not they have resulted in a claim.

Signature of Insured:

Date:

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Signature of Insured Person (if applicable)

Date:

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***A copy of this proposal form should be retained by you for your records.***



# Data Protection

Tokio Marine HCC respects your right to privacy. In our Privacy Notice (available at <https://www.tmhcc.com/en/legal/privacy-policy>) we explain who we are, how we collect, share and use personal information about you, and how you can exercise your privacy rights. If you have any questions or concerns about our use of your personal information, then please contact [DPO@tmhcc.com](mailto:DPO@tmhcc.com).

We may collect your personal information such as name, email address, postal address, telephone number, gender and date of birth. We may also collect your sensitive personal information such as data relating to your physical or mental health or condition. We need the personal or sensitive personal information to enter into and perform a contract with you. We retain personal information and sensitive personal information we collect from you where we have an ongoing legitimate business need to do so.

We may disclose your personal or sensitive personal information to our **group companies, third party services providers and partners** who provide data processing services to us, or who otherwise process personal or sensitive personal information for purposes that are described in this Privacy Notice or notified to you when we collect your personal or sensitive personal information; to any **competent law enforcement body, regulatory, government agency, court or other third party** where we believe disclosure is necessary (i) as a matter of applicable law or regulation, (ii) to exercise, establish or defend our legal rights, or (iii) to protect your vital interests or those of any other person; to a **potential buyer** (and its agents and advisers) in connection with any proposed purchase, merger or acquisition of any part of our business, provided that we inform the buyer it must use your personal and sensitive personal information only for the purposes disclosed in this Privacy Notice; and to any **other person with your consent** to the disclosure.

Your personal and sensitive personal information may be transferred to, and processed in, countries other than the country in which you are resident. These countries may have data protection laws that are different to the laws of your country. We transfer data within the Tokio Marine group of companies by virtue of our Intra Group Data Transfer Agreement, which includes the EU Standard Contractual Clauses.

We use appropriate technical and organisational measures to protect the personal information that we collect and process about you. The measures we use are designed to provide a level of security appropriate to the risk of processing your personal information.

You have the following data protection rights: **access, correct, update or request deletion, object to processing, restrict processing and in some cases request portability.**

You can **opt-out of marketing communications** we send you at any time. You can exercise this right by clicking on the “unsubscribe” or “opt-out” link in the marketing e-mails we send you. Similarly, if we have collected and processed your personal or sensitive personal information with your consent, then you can **withdraw your consent** at any time. Withdrawing your consent will not affect the lawfulness of any processing we conducted prior to your withdrawal, nor will it affect processing of your personal information conducted in reliance on lawful processing grounds other than consent. You have the **right to complain to a data protection authority** about our collection and use of your personal information.

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## Contact Us

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[tmhcc.com](http://tmhcc.com)

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