



IMPORTANT – Prior to completing this Application Form please note that failure to disclose material information (i.e. information that would influence the acceptance of the risk and/or terms applied) could invalidate your insurance. If you are in any doubt as to whether any information is material it should be disclosed. PLEASE COMPLETE THE FOLLOWING QUESTIONS IN BLOCK CAPITALS. All information will be treated as private and confidential.

I hereby apply for Locum Insurance to be based on the following statements:

For office reference only

PLATINUM PLUS - Cover to age 70.

PLATINUM - Annual contract.

Please see policy summary and details for the differences between the Platinum Plus and Platinum policies, or contact us on 01277 288231 for further clarification.

Benefit Required — **If this application is to increase existing cover please be sure to indicate the TOTAL weekly benefit you now require.*

PLAN A (5th – 26th week) Weekly benefit* £

PLAN B (27th – 52nd week) Weekly benefit* £

Your Existing Policy No (if applicable)

Tick here if this is for a group application

If this application is for a Salaried GP, Practice Manager or Practice Nurse please tick here and include your job title:

Tick here to authorise us to manage all aspects of this plan with a Practice/Finance Manager if and when necessary

Personal Details — *The individual who will be covered under this Locum Insurance must complete all the sections below, except the Direct Debit instruction, which should be completed by an authorised signatory to the account from which the premiums will be paid.*

Title Forenames

Email Address

Surname

Practice Name and Address

Home Address

.....

.....

..... Post Code

..... Post Code

Home Telephone

Practice Telephone

Sex Male Female Date of Birth/...../.....

Height feet ins Weight stones pounds

In the last 12 months have you smoked tobacco in any form or have you been advised to stop smoking? Yes / no

Payment Details — *Platinum - please indicate your desired method of payment from the list below.*

Platinum Plus – premiums will be collected monthly via Direct Debit. Please complete the attached mandate and return it with this application form.

Platinum – BANK TRANSFER (Upon receipt of your application we will contact you to confirm your premium and provide our account details.)

DEBIT/CREDIT CARD (Upon receipt of your application we will contact you to confirm your premium and obtain the relevant card details.)

INSTALMENT PLAN (We can arrange an instalment plan, for which we will require a deposit. Please submit your application and we will contact you with full details.)

Declaration — *Please read the declaration, and insert your signature in the space provided below.*

Declarations: I understand that this application is subject to acceptance by Chubb European Group SE (the Company) and that, if I am not regularly attending all of the usual duties of my Occupation on the effective date of the policy, coverage hereby applied for will not commence until the date I resume my usual duties. I, the person to be insured, do hereby declare to the best of my knowledge and belief that all the foregoing answers are true, that I have not concealed or withheld anything with which the Company ought to be made acquainted in order to assess my eligibility for insurance and that I am willing to be medically examined if required. I agree that these, and all statements I have made or shall make to the Company or to its medical examiner(s) in connection with this application, shall be the basis of the contract of insurance.

Signed  Date / /

Please return your completed form in the reply paid envelope provided to: Doctor Insurance Services, 13 Woodbrook Crescent, Lake Meadows Business Park, Billericay, Essex CM12 0EQ. If you have any questions, please call us on: 01277 288231 or email us on: info@doctor-locum-insurance.co.uk

Data Protection – Using your personal information

All the information We request is necessary to provide quotations, arrange insurance cover and for client relationship management. Personal information will only be used for general insurance purposes including offering renewal, arranging premium finance, research, statistical analysis and crime prevention. Arranging insurance may involve certain disclosures of personal information to insurers, agents and service providers, industry regulators and Our auditors. Information provided by you may be put onto a register of claims and shared with other insurers to prevent fraudulent claims.

We follow the Data Protection Act 1998 and undertake to comply with the Act, the General Data Protection Regulation and all subsequent data protection regulations in all Our dealings with Your personal data. If You would like further details about how We manage Your data and why We might share it for insurance purposes, please contact Us.

We would like to send you information about our own products and services that we believe may be of interest to you. We would do this by post, telephone or email. If you agree to being contacted in this way, please tick the relevant boxes.

POST TELEPHONE EMAIL

Details of Our Privacy Notice are available on our website at www.doctor-locum-insurance.co.uk