

Our application process is simple and straightforward. Complete the details below. Risk details can also be entered via www.amtrustunderwriting.com for an instant online quotation with system generated documentation available.

Client Details

Company Name	
Business Description	
Company Address	
Company Turnover	
Target Premium (if applicable)	
Requested Policy Start Date	

Insured Persons

Category	Duties	Wage Roll	No. of Persons
A		£	
B		£	
C		£	

Accident Lump Sum Benefits Required

Category	Accidental Death Benefit	Capital Benefit – (Loss of Eyes, Limbs, Speech, Hearing, Permanent Total Disablement etc.)	Permanent Partial Disablement Required? (Yes/No)	Operative Time: 1) 24 Hour 2) Occupational incl Commuting 3) Occupational excl Commuting
A				
B				
C				

Weekly Benefits Required

Category	TTD Accident Weekly Benefit (per week)	TPD Accident Weekly Benefit (per week)	TTD Illness Weekly Benefit (per week)	Excess Period	Benefit Period
A					
B					
C					

Loss Experience

Please provide details of any claims in the last 3 years (if you already purchase a Personal Accident and/or Illness Insurance, Or please provide details of any incidents that could have given rise to a claim had this insurance been in force.

Date	Name	Details of Incident	Amount Paid / Outstanding Reserves

Important Information

PRIVACY AND DATA PROTECTION NOTICE

1. DATA PROTECTION

AmTrust Underwriting Limited (the Data Controller) is committed to protecting and respecting **Your** privacy in accordance with the current Data Protection Legislation ("Legislation"). Below is a summary of the main ways in which **We** process **Your** personal data, for more information please visit **Our** website at www.amtrustunderwriting.com

2. HOW WE USE YOUR PERSONAL DATA

We may use the personal data **We** hold about **You** for the purposes of providing insurance; including handling claims and any other related purposes, underwriting (which may include underwriting decisions made via automated means), offering renewal terms, pricing or statistical purposes. **We** may also **Use Your** data to safeguard against fraud and money laundering and to meet **Our** general legal and regulatory obligations.

3. SENSITIVE PERSONAL DATA

Some of the personal information, such as information relating to health or criminal convictions, may be required by **Us** for the specific purposes of underwriting or as part of the claims handling process. The provision of such data is necessary for **Us** to be able to provide **You** with insurance or manage a claim. Such data will only be used for the specific purposes set out in **Our** notice.

4. DISCLOSURE OF YOUR PERSONAL DATA

We may disclose **Your** personal data to third parties involved in providing products or services to **Us**, or to service providers who perform services on **Our** behalf. These include **Our** group companies, affinity partners, brokers, agents, third party administrators, other insurers, reinsurers, other insurance intermediaries, insurance reference bureaus, credit agencies, medical service providers, fraud detection agencies, loss adjusters, external law firms, external accountants and auditors, regulatory authorities, and as may be required by law.

5. INTERNATIONAL TRANSFERS OF DATA

We may transfer **Your** personal data to destinations outside the European Economic Area ("EEA"). Where **We** transfer **Your** personal data outside of the EEA, **We** will ensure that it is treated securely and in accordance with the Legislation.

6. YOUR RIGHTS

You have the right to ask **Us** not to process **Your** data for marketing purposes, to see a copy of the personal information **We** hold about **You**, to have **Your** data deleted (subject to certain exemptions), to have any inaccurate or misleading data corrected or deleted, to restrict the processing of **Your** data, to ask **Us** to provide a copy of **Your** data to any controller and to lodge a complaint with the local data protection authority.

7. RETENTION

Your data will not be retained for longer than is necessary, and will be managed in accordance with **Our** data retention policy. In most cases the retention period will be for a period of seven (7) years following the expiration of the contract of insurance, or **Our** business relationship with **You**, unless **We** are required to retain the data for a longer period due to business, legal or regulatory requirements.

If **You** have any questions concerning **Our** use of **Your** personal data, please contact The Data Protection Officer, AmTrust International - please see **Our** website for full contact details.

Declaration

By accepting this Insurance I / We:

- a) Declare that the answers given to questions asked are true and complete to the best of my/our knowledge and belief
- b) Confirm that if any answer to a question has been supplied by any other person on my/our behalf I/we have read and fully understood those answers and they are complete and correct
- c) Understand that the information provided may influence the assessment, acceptance and terms provided
- d) Have seen or been given the opportunity to see a copy of the full policy wording
- e) Understand that my/our personal details will be passed to or used by member companies of the insurers and to third parties such as claims administrators, loss adjusters, credit checking agencies or fraud investigators for the purpose of servicing my/our contract of insurance
- f) Understand that if any answers to questions given are not true, that this insurance may not protect me/us in the event of any claim
- g) Understand underwriters reserve the right to decline any proposal