

IMPORTANT – You must ensure that the information provided to us in applying for this quotation is complete and accurate. It is important that you ensure that all statements made and responses provided by you in correspondence, over the telephone and in other documentation are full and accurate. Where you fail to answer a question, or provide the requested information to us, this could invalidate the quotation and any subsequent insurance cover and could mean that part, or all of a claim may not be paid. PLEASE COMPLETE THE FOLLOWING QUESTIONS IN BLOCK CAPITALS. All information will be treated as private and confidential.

I hereby apply for Professional Overheads 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 01245 251 581 for further clarification.

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

Monthly Benefit* £

(minimum of £1,000, maximum of £12,500 in increments of £500 representing not more than 80% of my actual total monthly overheads.)

Tick here if this is for a group application

Your existing Policy No (if applicable)

Personal and Business Details

Title Forenames

Email Address

Surname

Job Title

Home Address

Nature of Business

.....

Business Name and Address

.....

.....

..... Post Code

..... Post Code

Telephone

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** – DIRECT DEBIT (Upon receipt of your application we will contact you to confirm your premium and provide our account details.)
 CHEQUE (Please attach a cheque to this application form, payable to Hurst Insurance Services.)
 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 ACE European Group Limited (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 that the information provided in applying for this insurance is complete and accurate and that all statements made and responses I have provided correspondence, over the telephone and in other documentation are full and accurate. I understand that failure to answer a question, or provide the requested information could invalidate the insurance cover and could mean that part, or all of a claim may not be paid. 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 to: Hurst Insurance Services, 131-133 New London Road, Chelmsford CM2 0QZ.
If you have any questions, please call us on: 01245 251 581



Hurst Group

The information provided on this application form, together with other information will be used by ACE European Group Limited and its group companies and R. J. Hurst and Partners Ltd and its group companies.

- It will be used for administration, marketing, customer service and profiling your purchasing preferences.

- We may keep your information for a reasonable period to contact you about our services.

- You have the right to ask for a copy of the information (for which we may charge a small fee) and to correct any inaccuracies.

- We may contact you by mail, telephone, e-mail, fax, or SMS to let you know about any goods services or promotions that may be of interest to you. Please tick this box if you do not wish to receive such information but remember that this will preclude you from receiving any of our special offers or promotions.

- We may share your information with organisations that are our business partners. Please tick the box if you do not wish this to happen.

- By returning this form you consent to our processing any sensitive personal data such as health data for the purpose of administering your policy.

- Where you have provided information about another person by returning this form you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive personal data and to the transfer of their information abroad and to receive on their behalf any data protection notices.