



Arranged by JBI International Insurance Brokers Ltd. on Behalf of Jelf Group plc.

OVERSEAS PERSONAL INSURANCE PROPOSAL FORM

effected with Lloyd's through Jelf Insurance Brokers Ltd
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Reading, RG1 4BN. Tel 44 (0) 118 983 9994 Fax 44 (0) 118 983 9848
E-mail: overseaspersonalinsurance@jelfgroup.com

Important Notes: Please complete in BLOCK LETTERS and give a definite answer to each question.
All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one
which is likely to influence an Underwriter in the acceptance and assessment of the Proposal. If there is any
doubt as to whether or not a fact is material it should be disclosed. No liability is undertaken until the
Proposal is accepted by Jelf Insurance Brokers Ltd on behalf of the Underwriter and the premium paid. The
Underwriter reserves the right to ask for special terms or to decline the Proposal.

Name (in full)
Nationality of Proposer
Address of overseas residence
Communication address (if different)
Fax No
Email address:
Full details of overseas occupation(s)/ profession(s)
Spouse's occupation(s)/ profession(s)
Date of birth of proposer
State any other countries to be visited together with periods involved

SECTION ONE: CONTENTS

You must include ALL your household goods for their replacement value.

Household goods	Sum to be insured £
Furniture	
Linen	
Cutlery/crockery/food/drink	
Gas and electrical appliances	
Non-portable TV sets	
Floor coverings/curtains	
Washing machines	
Fridge/freezer	
Other miscellaneous household goods	
TOTAL SUM INSURED (MINIMUM £3,000)	£

List below any item included in the total sum insured which exceeds 10% thereof or £500 whichever is the greater. Any such item not declared will be deemed uninsured.

Description	Sum to be insured £	Description	Sum to be insured £

SECTION TWO: ALL RISKS

You must include ALL your personal belongings for their replacement value apart from clothing which should be declared following deductions for wear, tear and depreciation.

Clothing and personal effects	Sum to be insured £
Clothing - self	
- spouse	
- children	
Portable - radios, TVs	
- audio equipment	
Laptop computers	
Jewellery (including watches)	
Photographic equipment	
Musical instruments	
Sports equipment	
Luggage	
Other miscellaneous personal belongings	
Pedal cycles	
TOTAL SUM INSURED (MINIMUM £3,000)	£

List below any item included in the total Sum insured which exceeds £500. Any such item not declared will be deemed uninsured.

Description	Sum to be insured £	Description	Sum to be insured £

SECTION THREE: PERSONAL MONEY AND CREDIT CARDS

Personal money (sum insured £300) Premium £20. YES/NO

SECTION FOUR: PERSONAL LIABILITY

Limit of indemnity £500,000. Premium £30. YES/NO

The questions in this section relate to Section One (Contents) and Section Two (All Risks) in the policy document.

1. Is the dwelling containing the property to be insured a house, bungalow, flat, maisonette, apartment, hotel room or a private room in a hostel or dormitory? **YES/NO**
If **YES** state which
If **NO** give details
2. If the dwelling is a flat, maisonette or apartment, is it self-contained with no shared facilities and with its own lockable entrance door from a street, hall or landing? **YES/NO**
If **NO** give details
3. Is the dwelling constructed of brick, stone or concrete and roofed with slates, tiles, asphalt, concrete or metal? **YES/NO**
If **NO** give details
4. Is the dwelling used solely by you and your family as a private residence and not in any part for the purpose of trade, business, profession or receiving paying guests? **YES/NO**
If **NO** give details
5. a) Is the property in a good state of repair? **YES/NO**
b) Will the property be maintained in a good state of repair? **YES/NO**
If the answer to 5a or 5b is **NO**, give details.
6. Specify:
 - a) Type of locks on external doors
 - b) Type of window locks or catches
 - c) Details of burglar alarms
 - d) Details of safes
 - e) Any other protections.
7. Are the premises especially exposed to the risk of damage by **STORM** or **TEMPEST**? **YES/NO**
If **YES** describe the situation
8. Will the insured premises be regularly left unattended by day or night? **YES/NO**
If **YES** describe the situation (including holidays, business trips, leave etc) together with the action to be taken to protect your possessions during such periods.

Note: Sections Five and Six are for optional medical cover. If you do not require this facility please go to the Declaration.

SECTION FIVE: MEDICAL AND REPATRIATION EXPENSES

Sum to be insured (£100,000 or £250,000)

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SECTION SIX A & B: PERSONAL ACCIDENT AND SICKNESS

No of units of benefit required	A. Personal Accident	B. Sickness
Yourself		
Your spouse		
Your children*		Not available

* Show number of children for which cover required

NB: Cover B is only available when taken with A.

Please give the following details for all persons to be insured under Sections Five or Six A/B.

	Date of Birth	Height	Weight
Yourself			
Your spouse			
Child 1			
Child 2			
Child 3			

Please provide details of any other Personal Accident/Sickness policies in force	
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Please answer the following questions **YES** or **NO** and give details in the main box below where applicable:-

1. Are all the persons to be insured in good health and are they free from physical defect or infirmity? **YES/NO**
2. In the past five years has any person to be insured suffered from:
 - (a) clinical depression or anxiety, or any nervous or mental condition, fainting episode, blackout, fit or paralysis of any kind? **YES/NO**
 - (b) high blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes? **YES/NO**

- (c) any respiratory, urinary or allergic condition, or any disorder of the digestive system? **YES/NO**
- (d) a `slipped disc' or other spinal disorder, a hernia, any rheumatic or arthritic condition, or any skin condition? **YES/NO**
- (e) any other condition requiring specialist consultation or surgical or hospital treatment? **YES/NO**
- (f) any symptom or tendency that might necessitate such consultation or treatment in the future?
YES/NO

- 3. Has any person to be insured ever received counselling or any medical advice, test or treatment in connection with AIDS or any AIDS related condition? **YES/NO**
- 4. Has any person to be insured any intention of engaging in football, rugby, equestrian or winter sports, or any other sports or pastimes rendering them liable to personal injury? **YES/NO**
- 5. Are there any additional facts affecting the proposed insurance which should be disclosed to Underwriters? **YES/NO**

Question No	Person to be insured	Dates and details where `YES' answered

THE FOLLOWING QUESTIONS MUST BE ANSWERED IN ALL CASES:

- 1. In respect of any of the risks to be insured have you, or any member of your family permanently residing with you:
 - (a) incurred any loss, damage injury or liability in the last 6 years? **YES/NO**
 - (b) ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any other Insurer? **YES/NO**
 - (c) ever been convicted of (or charged but not tried with) arson or any offence involving dishonesty of any kind, ie of fraud, theft or handling of stolen goods? **YES/NO**

If the answer to either 1a, 1b or 1c is `YES', give details

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2. Material Facts, state any other material facts here
NB: See Important Notes paragraph 1 on page 1

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DECLARATION - To be signed by each adult person to be insured

I/We believe the above statements to be true and complete, and understand that they will form the basis for Underwriters' consideration of my/our request for insurance. Where cover under Sections 5 and 6A/B is requested, I/We consent to the Underwriters seeking medical information from any doctor who has at any time attended the persons to be insured concerning anything relating to their physical or mental health, and I/We authorise the giving of such information.

To arrange and administer your insurance, Insurers, Intermediaries and their agents follow the rules of the Data Protection Act when dealing with your personal information. Your personal information may be shared with others, but only for the purpose of effecting insurance cover, dealing with a claim, and for fraud prevention. This includes, but is not limited to, passing information to insurance companies, other intermediaries, loss adjusters, repairers and recovery agents.

Signature Date
Signature Date

Name and address of proposer if other than first named person to be insured:

Name

Address

Postcode Tel No

Signature Date

- Notes:**
- 1. Liability does not commence until the proposal has been accepted by the Underwriter.
 - 2. A specimen copy of the policy is available on request.