

Title	Your full name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	Self-employed
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's business	Gross monthly income	
<input type="text"/>	£ <input type="text"/>	
Home address	Home telephone number	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	Email	
<input type="text"/>	<input type="text"/>	
	Postcode	
	<input type="text"/>	

Cover Type:

Do you wish to apply for: Incapacity and Unemployment Incapacity Unemployment

Do you wish to use this policy to protect: Your Mortgage Your Income Your Mortgage and Income

Underwriting Details:

Please answer the following questions by ticking the appropriate box:

	YES	NO
Are you now and have you been for the past six months in continuous permanent employment with the same employer, contract employment or self employment for more than 16 hours per week?	<input type="checkbox"/>	<input type="checkbox"/>
Is your work temporary, casual or seasonal (including any work for temporary employment agency)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you at any time during the past 24 months been registered as unemployed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in dispute or in the course of any disciplinary action with your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any redundancies, restructure, reorganisation, financial or contractual threats within the business you work in, even if you do not believe those actions will result in you becoming unemployed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sit on the board of directors or similar senior management committees in the business you work in?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any redundancies in the business you work in over the past 24 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold any shares in the business you work in?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving medical treatment or medical care of any kind, or waiting referral for consultation treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any illness or other treatment in the last two years including ever attending any hospital or clinic or had any specialist tests or investigations including those of a routine minor nature?	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the shaded boxes please give further details in the box below.

You must tell the underwriters if you are aware of any circumstances which may put your employment or health at risk, or which may lead to a claim under this policy. Any omission, misrepresentation or false statement of a material fact in your application for this policy could affect the payment of monthly benefit. A material fact is one which is likely to influence the acceptance of your application. If you are uncertain whether a fact is material, you should declare it.

Start date

Please state the date you wish the insurance to commence (e.g. 11 08 2002)

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Insurance Requirements Monthly benefit to be covered

MONTHLY PREMIUM

Monthly mortgage/rent repayment	£						
Other related outgoings	£						
= Total benefit required*	£						
Monthly Premium	£						

*The maximum benefit available is £1000 per month

Declaration of Insurance

I the undersigned declare to the underwriter that I am in regular and active paid employment and have been employed continuously for the past 6 months prior to the date of the application. Furthermore I am in good health and have not consulted a doctor other than for minor ailments during the last 6 months. I understand that if I have, I may still be insured, but that any claim made within the next 12 months for the same cause, may not be paid. I agree that this application shall form part of the contract of insurance. I have been referred to all parts of this form which contain premium details and insurance summary. I note that I should keep a copy of this Application Form and a record of all information supplied by me for the purpose of this proposal. A copy of this application is kept by the scheme administrator, Adminicle Limited and a copy will be provided to me on request.

Data Protection Act 1998

The information you have provided will become part of the personal data held by the Insurer or Insurers, the Scheme Producer and Adminicle and will be used for the provision and administration of insurance products and services. It may be disclosed to other insurance companies for underwriting and other third parties such as Doctors, Hospitals, Consultants, Job Centres, Investigators and Employers etc. if necessary for claims handling purposes. In addition, we may seek information from other insurance companies to verify the answers you have provided. Where fraud is suspected, we may disclose data to other parties including the police if requested.

I have read the declaration and agree with the terms and conditions of this scheme.

Signature of Applicant

Date

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Agent number

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Agent stamp

Direct Debit Mandate



Instructions to your Bank or Building Society to pay Direct Debits:

PLEASE FILL IN THE WHOLE FORM AND SEND TO:
Adminicle, Callidus House, Cirencester Business Park, Love Lane, Cirencester, Glos, GL7 1XD



1.	The Manager	Bank/Building Society
		Postcode

2. Name of account

3. Branch sort code (from the top right hand corner of your cheque)

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4. Bank or Building Society account number

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Originator's Identification Number

8	3	0	8	8	0
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5. Reference Number (Key Adminicle re Adminicle)

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6. Instruction to your Bank or Building Society
Please pay Key Adminicle re Adminicle Direct Debits from the account detailed in this instruction subject to the safeguards assured by the The Direct Debit Guarantee. I understand that this instruction may remain with Key Adminicle re Adminicle and if so, details will be passed electronically to my Bank/Building society.

Signature

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account