

# Group Personal Accident Insurance Statement of Fact



**Naylor Wright**

**Important notes**

- 1 Please complete in BLOCK LETTERS and give a definite answer to each question. Only those areas in WHITE BOXES should be completed by the Proposer.
- 2 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 Insurer in the assessment and acceptance of the risk. If you are in any doubt as to whether a fact is material then it should be disclosed to the Insurer.
- 3 You should keep a record *including copies of letters* of all information supplied to the Insurer for the purpose of entering into the contract.
- 4 A copy of this statement of fact will be supplied to you, on request, within 3 months of its completion.

**General Details**

1. Full name of Proposer and/or business name

Postal address (including postcode)

2. Full business description

3. Period of insurance

Effective Commencement date from

To

4. In respect of group accident insurance

a. Have you insured against similar risks before?

Yes

No

If 'yes' who was your previous insurer?

b. Give details of each claim you have made, or would have made had a policy been in force, during the last 3 years

*\* You may need to ask your insurer for claims experience.*

Year	Number of claims	Total amount paid and outstanding

c. Has any insurer

i. declined to provide cover or refused renewal?

Yes

No

ii. accepted on special terms?

Yes

No

iii. cancelled your cover?

Yes

No

If you have answered 'yes' to any part of question c, please provide details below

**5. Cover required**

- Option A: Accidents of employment excluding travel to and from work. Yes  No
- Option B: Accidents of employment including travel to and from work. Yes  No
- Option C: 24 hour accident Yes  No
- Option D: Other (Please specify) Yes  No

**The benefits and sums insured are specified on the attached appendix**

**6. Persons to be insured**

*Please note - All persons are automatically included and you must deduct the insurance premium from their wages/salary unless specifically 'opted out'. Please ensure that all 'opt out' letters are kept centrally.*

- a. Are all persons to be insured? If 'no' state exceptions below Yes  No

- b. Will any insured person work on a long term secondment (longer than 6 months), overseas? Yes  No

If 'yes', in which countries

- c. Will all insured persons pay UK tax? Yes  No

- d. State the maximum number of insured persons at any one location at any one time

NOT KNOWN

- e. Please provide the weekly average numbers of individuals for previous 12 months split between the following trades:

Trade Description	Weekly average numbers
<b>Mechanical and electrical.</b> e.g. electricians, plumbers and similar trades	
<b>Construction.</b> e.g. bricklayers, formworkers, scaffolders, steel fixers and similar trades	
<b>Professional and clerical</b> e.g. surveyors, site agents, computer engineers, administrators and similar occupations	
<b>All others</b> (please specify)	

**Declaration**

I/We agree that

- a. all statements and particulars in this statement of fact are to the best of my/our knowledge and belief true
- b. this statement of fact and declaration shall form the basis of the contract between me/us and the Insurer
- c. I/we accept and abide by the terms of the policy to be issued

Authorised signature of proposer \_\_\_\_\_ Date \_\_\_\_\_

**Important note:** Cover does not commence until the statement of fact and direct debit instruction has been completed and accepted by Naylor Wright. Another benefit of the Naylor Wright Scheme is that we do not charge interest or levy any administration charges for the monthly payment facility.

Instruction to  
your Bank or  
Building Society  
to pay Direct Debits



Originators Identification

6	2	4	8	9	5
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Please fill in the whole form and send it to: NAYLOR WRIGHT LTD  
46/47 BROOK STREET, TAVISTOCK, DEVON PL19 0HE

**1** Name and full postal address of your Bank or Building Society branch

To: The Manager

Society

Address

Bank/Building

**2** Name(s) of account holder(s)

**5** Reference Number

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

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**6** Instruction to your Bank or Building Society

Please pay NAYLOR WRIGHT LTD  
Direct Debits from the account detailed on this Instruction  
subject to the safeguards assured by The Direct Debit  
Guarantee

**4** Bank or Building Society  
account number

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Signature(s)

Date

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

The Direct Debit Guarantee

- This guarantee is offered by all banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change you will be told of this in advance by at least 14 days as agreed.
- If an error is made by NAYLOR WRIGHT LTD or by your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your bank or Building Society. Please also send a copy of your letter to us.

